

# KANSAS TRAUMA REGISTRY DATA DICTIONARY



**Kansas Department of Health and Environment  
Office of Health Care Information/  
Office of Local and Rural Health**

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DEVELOPMENT OF THE KANSAS TRAUMA PLAN

Traumatic injuries are one of the leading causes of death and disability among Kansas citizens. In addition, injuries occur disproportionately among both younger and older people. During the last century, trauma has replaced infectious disease as the greatest threat to children. In recent years, traumatic injury has begun to receive long overdue recognition as a major public health problem. Attention has been focused on the toll of lives lost; however, it is clear that deaths represent only a small fraction of total injuries. National data for the period from 1995-1998 indicate that for every one injury related death there are 18 injury-related hospital discharges and 260 emergency department visits. According to 2002 Vital Statistics reports there were 1,125 unintentional injury deaths in Kansas,. Persons in predominately rural areas are at higher risk for injury-related death or disability than more urbanized areas. The reasons for this include delays in discovery, longer response times or limited availability, greater distances to care facilities, and limited access to specialty resources.

A trauma care system is a systematic approach to providing care to the injury patient. It is a network of relationships between Emergency Medical Services (EMS) providers, emergency departments and tertiary referral facilities, designed to direct the trauma patient to the resources most appropriate to his/her care, based on the nature of the injury.

The 1999 Legislature passed K.S.A. 75-5663 to 75-5670, establishing an Advisory Committee on Trauma and designating the Kansas Department of Health and Environment (KDHE) to administer a state trauma program. The Secretary of KDHE, in consultation with the Advisory Committee on Trauma (ACT), was charged with the development of a statewide trauma system plan, establishment of regional trauma councils, and implementation of a statewide trauma registry. The ACT has representation from a variety of professional organizations with expertise in trauma care including hospital association, medical society, EMS, nurse association, and legislators. KDHE is responsible for the development of rules and regulations necessary to carry out the act.

The ACT and KDHE have outlined a trauma system plan which includes the components necessary to implement a comprehensive trauma system in the state. Trauma systems are designed to benefit the whole population with the goal that all injured patients should receive optimal care and maximum potential for recovery. The trauma system should encompass a continuum of care. This involves timely public access via rapid activation of the EMS system, emergency medical care in the out of hospital setting, transportation to the nearest appropriate hospital, stabilization in the emergency department, surgical intervention when needed, acute hospital care and rehabilitation.

The goal of the trauma system is to ensure each patient is properly triaged and matched to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, a trauma system would increase their chances for survival and reduce their risk of permanent disability.

## GOALS OF THE KANSAS TRAUMA PLAN

The Kansas Trauma System goals are to plan, implement, and monitor a statewide trauma system in order to:

- Prevent unnecessary death and disability from trauma
- Improve and enhance the delivery of trauma services to the residents and visitors in Kansas
- Establish standards for a trauma system and to encourage provider (pre-hospital and hospital) preparation and response to the recognition, diagnosis, and definitive treatment of major trauma patients
- Pursue trauma public awareness and prevention activities to decrease the incidence of trauma
- Develop consistent, relevant, and accessible trauma education resources statewide
- Continue to design the trauma components as a total integrated system of care from event recognition to full patient recovery, including rehabilitation
- Continue to coordinate and integrate the trauma system with the EMS system
- Coordinate the Kansas Trauma System with surrounding states, and
- Assure accountability, objectivity, and relevance to the trauma system through information systems and quality management programs.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DEVELOPMENT OF THE KANSAS TRAUMA REGISTRY

Trauma registries provide the mechanism to collect data and evaluate trauma care systems, which includes injury control and epidemiology, patient care and quality improvement, resource utilization, and medical research education on the local, state, and national level. The Kansas Trauma Registry is an integral part of the Kansas Trauma Plan. The registry is designed so that hospitals with varying levels of resources and expertise are able to communicate and collaborate.

The Kansas Trauma Registry was authorized by K.S.A. 75-5665 and 75-5666, in which section K.S.A.75-5666 (a) reads: “ The Secretary of Health and Environment shall develop and maintain a statewide trauma registry...all designated trauma centers, prehospital trauma providers, designated trauma facilities and acute care medical facilities that provide any service or care to or for persons with trauma injury in this state shall collect and report to the trauma registry data and information deemed appropriate by the Secretary, ... to monitor patient outcome.”

Data confidentiality is a key component of the Kansas Trauma Registry. K.S.A. 75-5666 provides in subsection (d) “ The information obtained by the trauma registry, including discussions and activities using the information generated by the trauma registry, shall be confidential and shall not be disclosed or made public, upon subpoena or otherwise, except such information may be disclosed if: (1) no person can be identified in the information to be disclosed and the disclosure is for statistical purposes; (2) all persons who are identifiable in the information to be disclosed consent in writing to its disclosure; (3) the disclosure is necessary and only to the extent necessary to protect the public health and does not identify providers or facilities; or (4) the information to be disclosed is required in a court proceeding involving child abuse and the information is disclosed in camera.”

The trauma registry system addresses mechanisms for data collection, validity, review and outcome reporting. The Kansas Trauma Registry is capable of downloading trauma data in various formats.

## THE KANSAS TRAUMA REGISTRY CASE CRITERIA (as of October 1, 2004)

The criteria for patients which should be included in the trauma registry must meet both the ***Diagnosis Criteria*** and the ***Status Criteria*** and pass the ***Exclusionary Diagnosis Test***. Revised for Emergency Department Discharges on and after October 1, 2004.

### ***Diagnosis Criteria***

To meet the diagnosis criteria, a patient must have at least one ICD-9 diagnosis code of:

- 800-904.9, or
- 925-929.9, or
- 940-959.9, or
- 994.0 (lightning strikes), or
- 994.1 (drowning), or
- 994.7 (hanging), or
- 994.8 (electrocution)

### ***Status Criteria***

To meet the status criteria, a patient must be:

- Pronounced dead in the Emergency Department (even if no intervention performed), or
- Dead on arrival, or
- Pronounced dead after receiving any evaluation or treatment during hospital admission, or
- Acutely transferred into the facility, or
- Acutely transferred out to another acute care facility, or
- Admitted to the hospital for a length of stay > 48 hours and adult (>14 years), or
- Admitted to the hospital regardless of length of stay and pediatric (0-14 years).



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## THE KANSAS TRAUMA REGISTRY CASE CRITERIA (Continued)

### *Exclusionary Diagnosis Test*

Exclude patients with isolated hip fractures, acetabular or femoral neck fractures from same level falls.

Exclude the patient if they have only one ICD-9 diagnosis code that meets the Diagnosis Criteria which is:

- 820-820.9 (femoral neck fractures), or
- 808.0 (acetabular fracture closed), or
- 808.1 (acetabular fracture open)

**AND** the patient has an E-code of:

- E885-E885.9 (fall from same level from slipping, tripping, or stumbling), or
- E888-E888.9 (other/unspecified fall on same level).

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## Current Kansas Trauma Registry State Required Data Elements

For those patients who meet Kansas Trauma Registry (KTR) criteria, the registry collects the American College of Surgeons, National Trauma Data Bank (NTDB) recommended dataset plus data elements added by the Advisory Committee on Trauma. The dataset enables the production of meaningful reports. Existing KTR data elements are in normal text while new or changed elements are shaded.

Data Element/Screen Location	Location	Data Element/Screen Location	Location
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ED Arrival/Admission Date (F1.1)	Sec I – Page 1	GCS Verbal Response (F2.4.2)	Sec V – Page 16
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Trauma Bracelet Number (F1.1)	Sec I – Page 2	Total Glasgow Coma Score (F4.2)	Sec V – Page 17
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Age (F1.1)	Sec I – Page 6	ETOH Level (F4.3)	Sec V – Page 18
Age Units (F1.1)	Sec I – Page 6	Toxicology/Drug Screen (F4.3)	Sec V – Page 18
Race (F1.1)	Sec I – Page 6	Abdominal CT Results (F4.4)	Sec V – Page 19
Ethnicity (F1.1)	Sec I – Page 7	Head CT Results (F4.4)	Sec V – Page 27
Gender (F1.1)	Sec I – Page 7	Airway (F4.4)	Sec V – Page 30
		Did Trauma Surgeon arrive timely (F4.6)	Sec V – Page 43
<b>INJURY INFORMATION</b>		<b>PROCEDURES</b>	
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Primary Injury Type (F2.1)	Sec II – Page 2	Performed on Date (F5.1)	Sec VI – Page 3
E-code number and description (F2.1)	Sec II – Page 3	Procedure Start Time (F5.1)	Sec VI – Page 4
Place of Injury (F2.2)	Sec II – Page 5	Procedure Stop Time (F5.1)	Sec VI – Page 4
City in which injury occurred (F2.2)	Sec II – Page 6		
County in which injury occurred (F2.2)	Sec II – Page 6	<b>DIAGNOSES</b>	
State in which injury occurred (F2.2)	Sec II – Page 7	ICD9 Diagnosis Code (F6.1)	Sec VII – Page 2
Protective Devices (F2.3)	Sec II – Page 9	ICD9 Diagnosis Description (F6.1)	Sec VII – Page 1
		AIS Severity (F6.1)	Sec VII – Page 2
<b>PREHOSPITAL INFORMATION</b>		ISS (F6.1)	Sec VII – Page 1
Transport Provider (TP) Mode (F2.4.1)	Sec III – Page 1	ISS Version (F6.1)	Sec VII – Page 1
Transport Provider Dispatched Date (F2.4.1)	Sec III – Page 4	TRISS (Probability of Survival) (F6.1)	Sec VII – Page 1
Transport Provider Dispatched Time (F2.4.1)	Sec III – Page 5		
Transport Provider Arrived Facility Date (F2.4.1)	Sec III – Page 13	<b>OUTCOMES</b>	
Transport Provider Arrived Facility Time (F2.4.1)	Sec III – Page 14	Discharge Date and Time (F7.1)	Sec VIII – Page 1
Transport Provider Systolic Blood Pressure (F2.4.2)	Sec III – Page 17	Discharge Status (F7.1)	Sec VIII – Page 2
Transport Provider Diastolic Blood Pressure (F2.4.2)	Sec III – Page 18	Discharged To (F7.1)	Sec VIII – Page 3
Transport Provider Heart Rate (F2.4.2)	Sec III – Page 18	Discharge To Facility (F7.1)	Sec VIII – Page 4
Transport Provider Initial Respiratory Rate (F2.4.2)	Sec III – Page 18	Ventilator Support Days (F7.1)	Sec VIII – Page 6
Transport Provider GCS Verbal Response (F2.4.2)	Sec III – Page 20	ICU Days (F7.1)	Sec VIII – Page 6
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Transport Provider GCS Motor Response (F2.4.2)	Sec III – Page 20	Disabilities – At Discharge – Feeding – Qualifier (F7.2)	Sec VIII – Page 9
Transport Provider Total Glasgow Coma Score (F2.4.2)	Sec III – Page 20	Disabilities – At Discharge – Ambulation (F7.2)	Sec VIII – Page 10
Transport Provider Revised Trauma Score (F2.4.2)	Sec III – Page 21	Disabilities – At Discharge – Ambulation – Qualifier (F7.2)	Sec VIII – Page 10
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Fluids (F2.4.3)	Sec III – Page 22	Total Modified FIM Score (F7.2)	Sec VIII – Page 11
Mast (F2.4.3)	Sec III – Page 23	Condition on Discharge (F7.2)	Sec VIII – Page 12
		Autopsy Performed (F7.2)	Sec VIII – Page 13
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Base Deficit (F4.2)	Sec V – Page 14		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## KANSAS TRAUMA REGISTRY DATA DICTIONARY PURPOSE

The Kansas Trauma Registry (KTR) Data Dictionary serves as a resource for data entry into the Kansas Trauma Registry. It lists every element in the comprehensive data set included in the Collector software as well as identifying those fields that are required to be included in data submitted to the Kansas Trauma Registry. The dictionary provides definitions of each data element, instructions for data entry, and a list of appropriate options.

As the registry evolves, the KTR Data Dictionary will be updated with necessary changes. In order to facilitate these revisions and ease of use, the document is divided into nine sections (Sections I-IX). Revised versions may require only specific sections to be replaced. As these updates occur, facilities will receive the revisions and instructions on how to update the document.

The current edition of the Kansas Trauma Registry Data Dictionary is available online as a PDF file at [www.kdhe.state.ks.us/olrh/Trauma.htm](http://www.kdhe.state.ks.us/olrh/Trauma.htm). Questions regarding this document may be directed to the Trauma Registry Analyst or Greg Crawford, Director, Vital Statistics Data Analysis, e-mail: [ktr@kdhe.state.ks.us](mailto:ktr@kdhe.state.ks.us) or by phone: (785) 291-3611. General questions about the Kansas Trauma Program and clinical aspects may be directed to Rosanne Rutkowski, Trauma Program Director, e-mail: [rrutkows@kdhe.state.ks.us](mailto:rrutkows@kdhe.state.ks.us) or by phone: (785) 296-1210.

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DEMOGRAPHIC INFORMATION

### FACILITY NUMBER

Data Field Name: INST\_NUM

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Text

Length: 7

#### DEFINITIONS

Facility Number – The number assigned by the program that identifies the facility number (This number cannot be changed)

#### INSTRUCTIONS

The Facility Number will be computed by the program.

### TRAUMA NUMBER

Data Field Name: TRAUMA\_NUM

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Text

Length: 8

#### DEFINITIONS

Trauma Number – The number assigned by the program that identifies the patient record. This number should not be changed once the case is submitted to the state. Please consult with Digital Innovation or KTR Staff before changing this number.

#### INSTRUCTIONS

Use direct keyboard entry.

### CORE/COMPREHENSIVE DATA

Data Field Name: CORE\_COMP

Window Location: Demographics

F1.1

State Required: No

Type of Field: Text

Length: 1

#### DEFINITIONS

Core data – State required data elements and selected demographic information

Comprehensive data – The entire dataset

#### INSTRUCTIONS

Enter the appropriate option. If your hospital only collects the core dataset, this can be set to default to “core”. This can be done by selecting **Customize|Data Entry Defaults** on the menu bar at the top of Collector, and then click on the Core/Comprehensive Data field. Selecting option 1 will set Collector to skip fields not in the core dataset. During data entry you may also change the value if for a particular record you wish to obtain more data.

#### OPTIONS

- 1 Core – State required data elements only (skips data elements that are not sent to State)
- 2 Comprehensive – Full data set

### KDHE TRANSFER PATIENT

Data Field Name: SYSTEM\_YN

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Text

Length: 1

#### DEFINITIONS

KDHE Transfer Patient – Patient meets inclusion criteria for the state trauma registry

#### INSTRUCTIONS

Enter the appropriate option. If your facility only enters data to send to the state, you can set this value to default to “yes”. Before entering a record, select **Customize|Data Entry Defaults** on the menu bar at the top of Collector, and then click on KDHE Transfer Patient field. Selecting option 1 will set Collector to make every record entered thereafter a KDHE Transfer Patient that will be submitted to the Kansas Trauma Registry Central Site. During data entry you may also change the value if you wish to enter the trauma case but not send it to the Central Site.

#### OPTIONS

- 1 Yes – Patient record is selected to be submitted to the State via the transfer process.
- 2 No – Patient record will not be submitted to the State.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRAUMA BRACELET NUMBER

Data Field Name: MATCH\_ID

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Text

Length: 10

### DEFINITIONS

Trauma Bracelet Number – This alpha-numerical value is to be taken from the patient's trauma bracelet

### INSTRUCTIONS

This field is active even though the bracelets have not yet been provided to the health care community. Bracelets, once issued, will be placed on the patient. KTR Staff will notify hospitals when the implementation of the bracelets is underway. If you have questions, please consult with KTR Staff. Use direct keyboard entry.

## EMERGENCY DEPARTMENT ED ARRIVAL DATE - MONTH

Data Field Name: EDA\_DM

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Date – Month – The month the patient arrived at ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the month the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the month the patient was admitted to your facility. Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT ED ARRIVAL DATE - DAY

Data Field Name: EDA\_DD

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Date – Day – The day the patient arrived at ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the day the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the day the patient was admitted to your facility. Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT ED ARRIVAL DATE – YEAR

Data Field Name: EDA\_DY

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

ED Arrival Date – Year – The year the patient arrived at ED or was directly admitted to the hospital

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT ED ARRIVAL DATE – YEAR (Continued)

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the year the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the year the patient was admitted to your facility. Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

## EMERGENCY DEPARTMENT ED ARRIVAL TIME - HOUR

Data Field Name: EDA\_TH  
Window Location: Demographics F1.1  
State Required: Yes  
Type of Field: Integer  
Length: 2

### DEFINITIONS

ED Arrival Time – Hour – The hour the patient arrived at ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the hour the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the hour the patient was admitted to your facility. Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## EMERGENCY DEPARTMENT ED ARRIVAL TIME - MINUTE

Data Field Name: EDA\_TM  
Window Location: Demographics F1.1  
State Required: Yes  
Type of Field: Integer  
Length: 2

### DEFINITIONS

ED Arrival Time – Minute – The minute the patient arrived at ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the minute the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the minute the patient was admitted to your facility. Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## MEDICAL RECORD NUMBER

Data Field Name: MR\_NUM  
Window Location: Demographics F1.1  
State Required: No  
Type of Field: Alphanumeric  
Length: 20

### DEFINITIONS

Medical Record Number – Medical record number or any number used by the hospital or institution to uniquely identify the patient. Found on the transcript of the medical information about a patient.

### INSTRUCTIONS

This field must be completed with a patient identifier, such as medical record number or other identifying character string. This field may contain any alphanumeric data that will help identify the patient. For example, a medical record number consisting of up to 15 digits could be used, but if this number is unknown, a temporary number can be assigned. This temporary number can include letters or other characters and may be specific to your facility (for example, disaster number: D24512). Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Medical Record Number  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PATIENT SOCIAL SECURITY NUMBER

Data Field Name: SSN\_1, SSN\_2, SSN\_3

Window Location: Demographics

F1.1

State Required: No

Type of Field: Text

Length: 9

### DEFINITIONS

Patient Social Security Number – 9-digit federal code registered to American Citizens

### INSTRUCTIONS

This field cannot be partially filled. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

0-9 [999-99-9999]

\* Unknown

## VISIT NUMBER

Data Field Name: ACCT\_NUM

Window Location: Demographics

F1.1

State Required: No

Type of Field: Alphanumeric

Length: 15

### DEFINITIONS

Visit Number – A sequential number representing how many times this patient has been entered into the trauma registry at this facility

### INSTRUCTIONS

Review trauma registry record log for duplication of patients by social security number, medical record number, birth date, etc. Based on previous records, enter the visit number. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Visit Number

## PATIENT'S FIRST NAME

Data Field Name: P\_NAM\_F

Window Location: Demographics

F1.1

State Required: No

Type of Field: Character

Length: 50

### DEFINITIONS

Patient's First Name – Given name as on birth certificate or change-of-name affidavit

### INSTRUCTIONS

Enter the patient's first name. You may use up to 50 characters. If only an alias is known, you can enter the alias in this field until the correct name of the patient is determined. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

First Name

## PATIENT'S MIDDLE NAME

Data Field Name: P\_NAM\_M

Window Location: Demographics

F1.1

State Required: No

Type of Field: Character

Length: 15

### DEFINITIONS

Patient's Middle Name – Given name as on birth certificate or change of name affidavit

### INSTRUCTIONS

Enter the patient's middle name. You may use up to 15 characters. If only an alias is known, you can enter the alias in this field until the correct name of the patient is determined. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Middle name



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PATIENT'S LAST NAME

Data Field Name: P\_NAM\_L

Window Location: Demographics

F1.1

State Required: No

Type of Field: Character

Length: 50

### DEFINITIONS

Patient's Last Name – Given name as on birth certificate or change-of-name affidavit

### INSTRUCTIONS

Enter the patient's last name. You may use up to 50 characters. If only an alias is known, you can enter the alias in this field until the correct name of the patient is determined. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Last Name

## DATE OF BIRTH - MONTH

Data Field Name: DOB\_DM

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Date of Birth – Month – The month of the patient's birth

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## DATE OF BIRTH - DAY

Data Field Name: DOB\_DD

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Date of Birth – Day – The day of the patient's birth

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## DATE OF BIRTH – YEAR

Data Field Name: DOB\_DY

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

Date of Birth – Year – The year of the patient's birth

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1800 through 2099 [yyyy] \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## AGE

Data Field Name: RAW\_AGE

Window Location: Demographics F1.1

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Age – The time from birth to the time of injury for a living individual as measured in units of time.

### INSTRUCTIONS

This field is to be used in cases where a patient's date of birth is unknown, but the patient's age is known. The age is expressed in years. Use direct keyboard entry.

## AGE UNITS

Data Field Name: AGE\_TYPE

Window Location: Demographics F1.1

State Required: Yes

Type of Field: Text

Length: 1

### DEFINITIONS

Age Units – The time from birth to the present for a living individual as measured in units of time

### INSTRUCTIONS

The patient's age will be automatically calculated and placed in this field after the patient's date of birth and facility arrival date have been entered.

The age is expressed in years. If a patient is under one year in age, a decimal value will be displayed representing the percent of a year that has passed since birth.

## PATIENT'S RACE

Data Field Name: RACE, Race 1, Race 2, Race 3, Race 4

Window Location: Demographics F1.1

State Required: Yes

Type of Field: Text

Length: 1

### DEFINITIONS

Race – A group of people united or classified together on the basis of common history or geographical distribution (American Heritage Dictionary, 2<sup>nd</sup> edition Houghton Mifflin)

### INSTRUCTIONS

Enter the appropriate option in the first race field. If there is only one race reported for the patient, leave the remaining fields blank.

### OPTIONS

1	White	4	American Indian or Alaska Native	*	Unknown
2	Black or African American	5	Asian		
3	Native Hawaiian or other Pacific Islander	6	Other		

## ETHNICITY

Data Field Name: ETHNIC

Window Location: Demographics F1.1

State Required: Yes

Type of Field: Text

Length: 1

### DEFINITIONS

Ethnicity – A group of people united or classified together on the basis of nationality (American Heritage Dictionary, 2<sup>nd</sup> edition Houghton Mifflin)

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Hispanic or Latino	*	Unkown
2	Not-Hispanic or Latino		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## GENDER

Data Field Name: SEX

Window Location: Demographics

F1.1

State Required: Yes

Type of Field: Text

Length: 1

### DEFINITIONS

Gender – Patient's gender at time of admit

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- |   |        |   |         |
|---|--------|---|---------|
| 1 | Male   | * | Unknown |
| 2 | Female |   |         |

## OCCUPATION

Data Field Name: OCC

Window Location: Demographics

F1.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Occupation – An activity in which one engages

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- |    |  |    |   |
|----|--|----|---|
| 01 | Executive, Administrative, and Managerial Occupations  | 15 | Fabricators, Assemblers, and Handworking Occupations  |
| 02 | Professional Specialty Occupations                     | 16 | Production Inspectors, Testers, Samplers and Weighers |
| 03 | Technicians and Related Support Occupations            | 17 | Transportation and Material Moving Occupations        |
| 04 | Sales Occupations                                      | 18 | Handlers, Equipment Cleaners, Helpers, and Laborers   |
| 05 | Administrative Support Occupations, Including Clerical | 19 | Military Occupations                                  |
| 06 | Private Household Occupations                          | 20 | Unemployed  |
| 07 | Protective Serv. Occupations                           | 21 | Retired   |
| 08 | Serv. Occupations, Except Protective and Household     | 22 | Homemaker   |
| 09 | Farming, Forestry, and Fishing Occupations             | 23 | Other   |
| 10 | Mechanics and Repairers                                | 24 | Not Documented  |
| 11 | Construction Trades                                    | 25 | Minor/Student   |
| 12 | Extractive Occupations                                 | 26 | Disabled  |
| 13 | Precision Production Occupations                       | /  | Inappropriate   |
| 14 | Machine Operations and Tenders, Except Precision       | *  | Unknown   |

## PATIENT'S STREET ADDRESS – STREET ADDRESS 1

Data Field Name: P\_ADR\_S1

Window Location: Demographics

F1.2

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Street Address 1 – The number and street name where the patient most often resides

### INSTRUCTIONS

Enter the number and street name where the patient most often resides. If the patient is homeless, enter "homeless" in this field. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Street Address 1

## PATIENT'S STREET ADDRESS – STREET ADDRESS 2

Data Field Name: P\_ADR\_S2

Window Location: Demographics

F1.2

State Required: No

Type of Field: Text

Length: 50

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PATIENT'S STREET ADDRESS – STREET ADDRESS 2 (Continued)

### DEFINITIONS

Street Address 2 – The number and street name where the patient most often resides

### INSTRUCTIONS

Enter the number and street name where the patient most often resides. If the patient is homeless, enter "homeless" in this field. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Street Address 2

## PATIENT'S HOME CITY

Data Field Name: PT\_ADR\_CI

Window Location: Demographics

F1.2

State Required: No

Type of Field: Integer

Length: 7

### DEFINITIONS

Home City – The name of the city in which the patient most often resides

### INSTRUCTIONS

Enter the appropriate option. If the city is not available, select "other" and detail city name in the following field (Incident Location – City – If Other).

### OPTIONS

City

/

Not Applicable

\*

Unknown

## PATIENT'S HOME CITY – IF OTHER

Data Field Name: PT\_ADR\_CI\_O

Window Location: Demographics

F1.2

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Home City – If Other – Any other identifying city not found in the available list of options in which the patient most often resides

### INSTRUCTIONS

Use direct keyboard entry.

## PATIENT'S COUNTY OF RESIDENCE

Data Field Name: P\_ADR\_CO

Window Location: Demographics

F1.2

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

County of Residence – The County in which the patient most often resides

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

County

/

Inappropriate

\*

Unknown

## PATIENT'S STATE OF RESIDENCE

Data Field Name: P\_ADR\_ST

Window Location: Demographics

F1.2

State Required: No

Type of Field: Alphanumeric

Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PATIENT'S STATE OF RESIDENCE (Continued)

### DEFINITIONS

State of Residence – The state in which the patient most often resides

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

State  
/ Inappropriate  
\* Unknown

## PATIENT'S HOME ZIP CODE – PART 1

Data Field Name: P\_ADR\_Z1  
Window Location: Demographics F1.2  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Zip Code 1 – The 5-digit numeric code of the locale in which the patient most often resides

### INSTRUCTIONS

Use direct keyboard entry or enter appropriate option.

### OPTIONS

[99999]  
/ Not Applicable  
\* Unknown

## PATIENT'S HOME ZIP CODE – PART 2

Data Field Name: P\_ADR\_Z1  
Window Location: Demographics F1.2  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Zip Code 2 – The 4-digit identifying numeric suffix of the locale in which the patient most often resides

### INSTRUCTIONS

Use direct keyboard entry or enter appropriate option.

### OPTIONS

[9999]  
/ Inappropriate  
\* Unknown

## PATIENT PHONE NUMBER – PART 1

Data Field Name: P\_TEL\_1  
Window Location: Demographics F1.2  
State Required: No  
Type of Field: Integer  
Length: 3

### DEFINITIONS

Phone Number – Part 1 – The area code of the patient's phone number

### INSTRUCTIONS

Use direct keyboard entry or enter appropriate option.

### OPTIONS

[999]

## PATIENT PHONE NUMBER – PART 2

Data Field Name: P\_TEL\_2  
Window Location: Demographics F1.2  
State Required: No  
Type of Field: Integer  
Length: 3

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PATIENT PHONE NUMBER – PART 2 (Continued)

### DEFINITIONS

Phone Number – Part 2 – The prefix of the patient's telephone number

### INSTRUCTIONS

Use direct keyboard entry or enter appropriate option.

### OPTIONS

[999]

## PATIENT PHONE NUMBER – PART 3

Data Field Name: P\_TEL\_3

Window Location: Demographics F1.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Phone Number – Part 3 – The last four digits of the patient's telephone number.

### INSTRUCTIONS

Use direct keyboard entry or enter appropriate option.

### OPTIONS

[9999]

## DEMOGRAPHIC MEMO

Data Field Name: MEMO\_DEMO

Window Location: Demographics F1.3

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Demographic Memo – Text field in which to record additional demographic information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INJURY INFORMATION

### INCIDENT DATE – MONTH (approximate)

Data Field Name: INJ\_DM

Window Location: Prehospital

F2.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Incident Date – The month in which the injury occurred

#### INSTRUCTIONS

Enter the appropriate option using the [mm] format. If the exact date/time is unknown, the entry of an approximate value is acceptable in this field.

#### OPTIONS

01 through 12 [mm]

\* Unknown

### INCIDENT DATE – DAY (approximate)

Data Field Name: INJ\_DD

Window Location: Prehospital

F2.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Injury Date – Day – The day on which the injury occurred

#### INSTRUCTIONS

Enter the appropriate option using the [dd] format. If the exact date/time is unknown, the entry of an approximate value is acceptable in this field.

#### OPTIONS

01 through 31 [dd]

\* Unknown

### INCIDENT DATE – YEAR (approximate)

Data Field Name: INJ\_DY

Window Location: Prehospital

F2.1

State Required: Yes

Type of Field: Integer

Length: 4

#### DEFINITIONS

Injury Date – Year – The year in which the injury occurred

#### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format. If the exact date/time is unknown, the entry of an approximate value is acceptable in this field.

#### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

### INCIDENT TIME – HOUR (approximate)

Data Field Name: INJ\_TH

Window Location: Prehospital

F2.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Injury Time – Hour – The hour in which the injury occurred

#### INSTRUCTIONS

Enter the appropriate option using the [hh] format. If the exact date/time is unknown, the entry of an approximate value is acceptable in this field.

#### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INCIDENT TIME – MINUTE (approximate)

Data Field Name: INJ\_TM

Window Location: Prehospital F2.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Injury Time – Minute – The minute in which the injury occurred

### INSTRUCTIONS

Enter the appropriate option using the [mm] format. If the exact date/time is unknown, the entry of an approximate value is acceptable in this field.

### OPTIONS

00 through 59 [mm]

\* Unknown

## WORK RELATED

Data Field Name: WORK\_YN

Window Location: Prehospital F2.1

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Work Related – Injury was in connection to employment

### INSTRUCTIONS

Answer the following question: Was injury related to employment? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

\* Unknown

## PRIMARY INJURY TYPE

Data Field Name: INJ\_TYPE

Window Location: Prehospital F2.1

State Required: Yes

Type of Field: Integer

Length: Fixed 1-5

### DEFINITIONS

Injury Type – Type of injury the patient sustained

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1 Blunt – Nonpenetrating injury

2 Penetrating – Piercing, entering deeply

3 Burn – Tissue injury from excessive exposure to chemical, thermal, electrical, or radioactive agents

4 Drowning – Asphyxiation due to immersion in liquid

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PRIMARY E-CODE

Data Field Name: E\_CODE1

Window Location: Prehospital F2.1

State Required: Yes

Type of Field: Fixed

Length: Fixed 1-5

### DEFINITIONS

E-Code – Index to external causes of injury and poisoning organized by the main terms which describe the accident, circumstance, event, or specific agent which caused the injury or other adverse effect

### INSTRUCTIONS

This field is for designating the E-Code most relevant to the patient's injury. If the cause is unknown, use the default of E928.9. NOTE: If the E-Code selected falls within the range of E850-E869.9 or E880-E928.9, a place of occurrence code (site of injury) must also be entered. Use direct keyboard entry.

### OPTIONS

E-Code

\* Unknown

## SECONDARY E-CODE

Data Field Name: E\_CODE2

Window Location: Prehospital F2.1

State Required: Yes

Type of Field: Fixed

Length: 1-5

### DEFINITIONS

E-Code – Index to external causes of injury and poisoning organized by the main terms which describe the accident, circumstance, event, or specific agent which caused the injury or other adverse effect

### INSTRUCTIONS

This field is for designating the E-Code most relevant to the patient's injury. If the cause is unknown, use the default of E928.9. NOTE: If the E-Code selected falls within the range of E850-E869.9 or E880-E928.9, a place of occurrence code (site of injury) must also be entered. Use direct keyboard entry. Never leave this field blank. If patient's record does not indicate a secondary E-code, enter '/' Inappropriate.

### OPTIONS

E-Code

/ Inappropriate

\* Unknown

## TERTIARY E-CODE

Data Field Name: E\_CODE1

Window Location: Prehospital F2.1

State Required: Yes

Type of Field: Fixed

Length: Fixed 1-5

### DEFINITIONS

E-Code – Index to external causes of injury and poisoning organized by the main terms which describe the accident, circumstance, event, or specific agent which caused the injury or other adverse effect

### INSTRUCTIONS

This field is for designating the E-Code most relevant to the patient's injury. If the cause is unknown, use the default of E928.9. NOTE: If the E-Code selected falls within the range of E850-E869.9 or E880-E928.9, a place of occurrence code (site of injury) must also be entered. Use direct keyboard entry. If secondary E-code is entered as '/' Inappropriate, this field can be left blank, otherwise, an entry must be made.

### OPTIONS

E-Code

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## CAUSE OF INJURY SPECIFY

Data Field Name: CAUSE\_INJ

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Memo

Length: 200

### DEFINITIONS

Text field in which to record additional Cause of Injury information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## PRIMARY E849.x CODE

Data Field Name: E849.x1

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

E849.x Code – For use with categories E850-E869.9 and E880-E928.9 to denote place where the accident or poisoning occurred

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 0 Home
- 1 Farm
- 2 Mine
- 3 Industry
- 4 Recreation
- 5 Street
- 6 Public Building
- 7 Residential Facility
- 8 Other
- 9 Unspecified
- / Inappropriate
- \* Unknown

## SECONDARY E849.x CODE

Data Field Name: E849.x2

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Secondary E849.x Code – For use with categories E850-E869.9 and E880-E928.9 to denote any secondary place where the accident or poisoning occurred, if applicable

### INSTRUCTIONS

Enter the appropriate option. Do not leave blank. If there is no secondary E849.x Code, enter “Inappropriate”. Entering “Inappropriate” enables Collector to skip over Tertiary E849.x Code since it too will be inappropriate.

### OPTIONS

- 0 Home
- 1 Farm
- 2 Mine
- 3 Industry
- 4 Recreation
- 5 Street
- 6 Public Building
- 7 Residential Facility
- 8 Other
- 9 Unspecified
- / Inappropriate
- \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TERTIARY E849.x CODE

Data Field Name: E849.x3

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Tertiary E849.x Code – For use with categories E850-E869.9 and E880-E928.9 to denote any tertiary place where the accident or poisoning occurred, if applicable

### INSTRUCTIONS

Enter the appropriate option. If you entered a Secondary E849.x Code and there is no Tertiary E849.x Code, enter “Inappropriate”. You may leave blank if “inappropriate” is entered in Secondary E849.x Code.

### OPTIONS

- 0 Home
- 1 Farm
- 2 Mine
- 3 Industry
- 4 Recreation
- 5 Street
- 6 Public Building
- 7 Residential Facility
- 8 Other
- 9 Unspecified
- / Inappropriate
- \* Unknown

## PLACE OF INJURY SPECIFY

Data Field Name: PLACE\_INJ

Window Location: Prehospital F2.2

State Required: No

Type of Field: Memo

Length: 200

### DEFINITIONS

Text field in which to record additional place of Injury information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## INCIDENT LOCATION – STREET ADDRESS 1

Data Field Name: I-ADR\_S1

Window Location: Prehospital F2.2

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Incident Location – Street Address 1 – The street address in which the injury occurred

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

Street Address

- / Inappropriate
- \* Unknown

## INCIDENT LOCATION – STREET ADDRESS 2

Data Field Name: I-ADR\_S2

Window Location: Prehospital F2.2

State Required: No

Type of Field: Text

Length: 50

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INCIDENT LOCATION – STREET ADDRESS 2 CONTINUED

### DEFINITIONS

Incident Location – Street Address 2 – The street address in which the injury occurred

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

Street Address

/ Inappropriate

\* Unknown

## INCIDENT LOCATION – CITY

Data Field Name: L\_ADR\_CI

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 7

### DEFINITIONS

Incident Location – City – The city in which the injury occurred

### INSTRUCTIONS

Enter the appropriate option. If the city is not available, select “other” and detail city name in the following field (Incident Location – City – If Other). If injury occurred outside city limits, select “inappropriate”.

### OPTIONS

City

/ Not Applicable

\* Unknown

## INCIDENT LOCATION – CITY – IF OTHER

Data Field Name: L\_ADR\_CI\_O

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

Incident Location – City – If Other – Any other identifying city not found in the available list of options in which the incident occurred

### INSTRUCTIONS

Use direct keyboard entry.

## INCIDENT LOCATION – COUNTY

Data Field Name: L\_ADR\_CO

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 5

### DEFINITIONS

Incident Location – County – The County in which the injury occurred

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

County

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INCIDENT LOCATION – STATE

Data Field Name: I\_ADR\_ST

Window Location: Prehospital F2.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Incident Location – State – The state in which the injury occurred

### INSTRUCTIONS

Enter the appropriate option from the popup menu.

### OPTIONS

State

\* Unknown

## INCIDENT LOCATION – ZIP CODE – PART 1

Data Field Name: I\_ADR\_Z1

Window Location: Prehospital F2.2

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Incident Location – Zip Code 1 – The 5-digit numeric code of the locale in which the injury occurred

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

[99999]

/ Not applicable

\* Unknown

## INCIDENT LOCATION – ZIP CODE – PART 2

Data Field Name: I\_ADR\_Z2

Window Location: Prehospital F2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Incident Location – Zip Code 2 – The 4-digit suffix numeric code of the locale in which the injury occurred

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

[9999]

\* Unknown

## POLICE REPORT NUMBER

Data Field Name: ACC\_NUM

Window Location: Prehospital F2.3

State Required: No

Type of Field: Alphanumeric

Length: 12

### DEFINITIONS

Police Report Number – The preprinted number on the police report

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Police Report Number

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## POSITION IN VEHICLE

Data Field Name: POS\_VEH1

Window Location: Prehospital F2.3

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Position in Vehicle – Position of the patient within the vehicle at the time of the injury

### INSTRUCTIONS

This information is gathered from the description of the scene by EMS personnel. Enter the appropriate option.

### OPTIONS

10	Bicyclist	05	Passenger-Rear-Middle
01	Driver	06	Passenger-Rear-Right
09	Motor Cycle Passenger	11	Pedestrian
08	Motorcyclist	12	Riding an Animal
13	Occupant of a Street Car	14	Unspecified
02	Passenger-Front-Middle	15	Other
03	Passenger-Front-Right	/	Not Applicable
07	Passenger-Open Bed	*	Unknown
04	Passenger-Rear-Left		

## POSITION IN VEHICLE – OTHER

Data Field Name: POS\_VEH0

Window Location: Prehospital F2.3

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Position in Vehicle – Other – Text field in which to record additional Position in Vehicle information if needed

Position – Position of the patient within the vehicle at the time of the injury

### INSTRUCTIONS

This information is gathered from the EMS report. Utilize the description of the scene documented by EMS personnel. Use direct keyboard entry.

## ON LAP

Data Field Name: POS\_LAP\_YN

Window Location: Prehospital F2.3

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

On Lap – Position of the patient within the vehicle was on the lap of another individual

### INSTRUCTIONS

Answer the following question: Was the position of the patient in the vehicle on the lap of another individual? Enter the appropriate option.

### OPTIONS

1	Yes
2	No
/	Not Applicable
*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROTECTIVE DEVICE 1

Data Field Name: PDEV\_1

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Protective Device 1 – The primary safety device in use or worn by the patient at the time of the injury. If the injury event would not normally use a protective device, enter “Inappropriate”.

### INSTRUCTIONS

Enter the appropriate option. Do not leave blank. Entering “Inappropriate”, when warranted, causes Collector to mark successive Protective Device fields as “Inappropriate” and to skip to the next window.

### OPTIONS

01	Belt	00	No Protective Device
03	Airbag	08	Other
04	Airbag and Belt	/	Not Applicable
05	Car seat	*	Unknown
06	Helmet		

## PROTECTIVE DEVICE 2

Data Field Name: PDEV\_2

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Protective Device 2 – Any additional safety device in use or worn by the patient at the time of the injury.

### INSTRUCTIONS

Enter the appropriate option. If no additional safety device is in use, enter “inappropriate”.

### OPTIONS

01	Belt	00	No Protective Device
03	Airbag	08	Other
04	Airbag and Belt	/	Not Applicable
05	Car seat	*	Unknown
06	Helmet		

## PROTECTIVE DEVICE 3

Data Field Name: PDEV\_3

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Protective Device 3 – Any additional safety device in use or worn by the patient at the time of the injury.

### INSTRUCTIONS

Enter the appropriate option. If no additional safety device is in use, enter “inappropriate”.

### OPTIONS

01	Belt	00	No Protective Device
03	Airbag	08	Other
04	Airbag and Belt	/	Not Applicable
05	Car seat	*	Unknown
06	Helmet		



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROTECTIVE DEVICE 4

Data Field Name: PDEV\_4

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Protective Device 4 – Any additional safety device in use or worn by the patient at the time of the injury.

### INSTRUCTIONS

Enter the appropriate option. If no additional safety device is in use, enter “inappropriate”.

### OPTIONS

01	Belt	00	No Protective Device
03	Airbag	08	Other
04	Airbag and Belt	/	Not Applicable
05	Car seat	*	Unknown
06	Helmet		

## PROTECTIVE DEVICE 5

Data Field Name: PDEV\_5

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Protective Device 5 – Any additional safety device in use or worn by the patient at the time of the injury.

### INSTRUCTIONS

Enter the appropriate option. If no additional safety device is in use, enter “inappropriate”.

### OPTIONS

01	Belt	00	No Protective Device
03	Airbag	08	Other
04	Airbag and Belt	/	Not Applicable
05	Car seat	*	Unknown
06	Helmet		

## PROTECTIVE DEVICE - OTHER

Data Field Name: PDEV\_O

Window Location: Prehospital F2.3

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

Protective Device – Other – Text field in which to record additional Protective Device information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PREHOSPITAL INFORMATION

### TRANSPORT PROVIDER – MODE

Data Field Name: P1\_MODE, P2\_MODE, P3\_MODE

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Mode – Type of transportation provided by the prehospital transport provider

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

04	Charter Fixed-Wing	07	Police
05	Charter Helicopter	06	Private Vehicle/Walk-In
08	Commercial Flight	09	Other
03	Fixed-wing Ambulance	01	Land Ambulance
02	Helicopter Ambulance	*	Unknown

### TRANSPORT PROVIDER – AGENCY

Data Field Name: P1\_AGEN, P2\_AGEN, P3\_AGEN

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 6

#### DEFINITIONS

Agency – The name of the transport provider

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

Agency

\* Unknown

### TRANSPORT PROVIDER – PROVIDER LEVEL

Data Field Name: P1\_LEVEL, P2\_LEVEL, P3\_LEVEL

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 1

#### DEFINITIONS

Provider Level – The level of service provided by the prehospital transport provider

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

1	1 <sup>st</sup> Responder	4	ALS
2	BLS	5	Other
3	ILS	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – REPORT AVAILABLE

Data Field Name: P1\_R\_AV, P2\_R\_AV, P3\_R\_AV

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Report Available – Availability of the ambulance report from the prehospital transport provider

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Was the ambulance report from the prehospital transport provider available? Enter the appropriate option.

### OPTIONS

5 Never Received

1 Received, Complete and Legible, in a Timely Manner

2 Received, Complete, and Legible, not in a Timely Manner

4 Received, Illegible

3 Received, Incomplete

\* Unknown

## TRANSPORT PROVIDER – REPORT NUMBER

Data Field Name: P1\_R\_NUM, P2\_R\_NUM, P3\_R\_NUM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Al/Num

Length: 12

### DEFINITIONS

Report Number – The preprinted number on the transport provider report

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Report Number

/ Inappropriate

\* Unknown

## TRANSPORT PROVIDER – TRIAGED BY EMS

Data Field Name: P1\_EMS\_YN, P2\_EMS\_YN, P3\_EMS\_YN

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Triaged by EMS – Screening and assessment of patient by EMS for treatment priority

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Was the patient triaged for appropriate care by the emergency medical service personnel? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – CALL RECEIVED DATE – MONTH

Data Field Name: P1\_R\_DM, P2\_R\_DM, P3\_R\_DM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Call Received Date – Month – The month the call was received by transport provider dispatch to respond to injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## TRANSPORT PROVIDER – CALL RECEIVED DATE – DAY

Data Field Name: P1\_R\_DD, P2\_R\_DD, P3\_R\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: NO

Type of Field: Integer

Length: 2

### DEFINITIONS

Call Received Date – Day – The day the call was received by transport provider dispatch to respond to injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## TRANSPORT PROVIDER – CALL RECEIVED DATE – YEAR

Data Field Name: P1\_R\_DY, P2\_R\_DY, P3\_R\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Call Received Date – Year – The year the call was received by transport provider dispatch to respond to injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – CALL RECEIVED TIME – HOUR

Data Field Name: P1\_R\_TH, P2\_R\_TH, P3\_R\_TH  
Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Call Received Time – Hour – The hour the call was received by transport provider dispatch to respond to injury  
Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility  
Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility  
Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## TRANSPORT PROVIDER – CALL RECEIVED TIME – MINUTE

Data Field Name: P1\_R\_TM, P2\_R\_TM, P3\_R\_TM  
Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Call Received Time – Minute – The minute the call was received by transport provider dispatch to respond to injury  
Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility  
Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility  
Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## TRANSPORT PROVIDER – DISPATCHED DATE – MONTH

Data Field Name: P1\_D\_DM, P2\_D\_DM, P3\_D\_DM  
Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1  
State Required: Yes  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Dispatched Date – Month – The month the transport provider was dispatched to the scene of the injury  
Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility  
Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility  
Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – DISPATCHED DATE – DAY

Data Field Name: P1\_D\_DD, P2\_D\_DD, P3\_D\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Dispatched Date – Day – The day the transport provider was dispatched to the scene of the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## TRANSPORT PROVIDER – DISPATCHED DATE – YEAR

Data Field Name: P1\_D\_DY, P2\_D\_DY, P3\_D\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

Dispatched Date – The year – The year the transport provider was dispatched to the scene of the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## TRANSPORT PROVIDER – DISPATCHED TIME – HOUR

Data Field Name: P1\_D\_TH, P2\_D\_TH, P3\_D\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Dispatched Time – Hour – The hour the transport provider was dispatched to the scene of the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

**00** (12 o'clock a.m.) through **23** (11 o'clock p.m.) [hh]

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – DISPATCHED TIME – MINUTE

Data Field Name: P1\_D\_TM, P2\_D\_TM, P3\_D\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Dispatched Time – Minute – The minute the transport provider was dispatched to the scene of the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## TRANSPORT PROVIDER – EN ROUTE DATE – MONTH

Data Field Name: P1\_I\_DM, P2\_I\_DM, P3\_I\_DM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

En Route Date – Month – The month the transport provider became mobile to responding to the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## TRANSPORT PROVIDER – EN ROUTE DATE – DAY

Data Field Name: P1\_I\_DD, P2\_I\_DD, P3\_I\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

En Route Date – Day – The day the transport provider became mobile to responding to the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – EN ROUTE DATE – YEAR

Data Field Name: P1\_I\_DY, P2\_I\_DY, P3\_I\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

En Route Date – Year – The year the transport provider became mobile to responding to the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## TRANSPORT PROVIDER – EN ROUTE TIME – HOUR

Data Field Name: P1\_I\_TH, P2\_I\_TH, P3\_I\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

En Route Time – Hour – The hour the transport provider became mobile to responding to the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## TRANSPORT PROVIDER – EN ROUTE TIME – MINUTE

Data Field Name: P1\_I\_TM, P2\_I\_TM, P3\_I\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

En Route Time – Minute – The minute the transport provider became mobile to responding to the injury

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ARRIVED LOCATION DATE – MONTH

Data Field Name: P1\_A\_DM, P2\_A\_DM, P3\_A\_DM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Location Date – Month – The month the transport provider arrived at the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## TRANSPORT PROVIDER – ARRIVED LOCATION DATE – DAY

Data Field Name: P1\_A\_DD, P2\_A\_DD, P3\_A\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Location Date – Day – The day the transport provider arrived at the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for patient between First transfer facility and Second transfer facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## TRANSPORT PROVIDER – ARRIVED LOCATION DATE – YEAR

Data Field Name: P1\_A\_DY, P2\_A\_DY, P3\_A\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Arrived Location Date – Year – The year the transport provider arrived at the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ARRIVED LOCATION TIME – HOUR

Data Field Name: P1\_A\_TH, P2\_A\_TH, P3\_A\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

### DEFINITIONS

Arrived Location Time – Hour – The hour the transport provider arrived at the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## TRANSPORT PROVIDER – ARRIVED LOCATION TIME – MINUTE

Data Field Name: P1\_A\_TM, P2\_A\_TM, P3\_A\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Location Time – Minute – The minute the transport provider arrived at the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## TRANSPORTER PROVIDER – PATIENT CONTACT DATE – MONTH

Data Field Name: P1\_P\_DM, P2\_P\_DM, P3\_P\_DM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Patient Contact Date – Month – The month the transport provider made first contact with the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – PATIENT CONTACT DATE – DAY

Data Field Name: P1\_P\_DD, P2\_P\_DD, P3\_P\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Patient Contact Date – Day – The day the transport provider made first contact with the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## TRANSPORT PROVIDER – PATIENT CONTACT DATE – YEAR

Data Field Name: P1\_P\_DY, P2\_P\_DY, P3\_P\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Patient Contact Date – Year – The year the transport provider made first contact with the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for patient between First transfer facility and Second transfer facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## TRANSPORT PROVIDER – PATIENT CONTACT TIME – HOUR

Data Field Name: P1\_P\_TH, P2\_P\_TH, P3\_P\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Patient Contact Time – Hour – The hour the transport provider made first contact with the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – PATIENT CONTACT TIME – MINUTE

Data Field Name: P1\_P\_TM, P2\_P\_TM, P3\_P\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Patient Contact Time – Minute – The minute the transport provider made first contact with the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## TRANSPORT PROVIDER – DEPARTED LOCATION DATE – MONTH

Data Field Name: P1\_L\_DM, P2\_L\_DM, P3\_L\_DM

Window Location: Integer F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Departed Location Date – Month – The month the transport provider departed the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## TRANSPORT PROVIDER – DEPARTED LOCATION DATE – DAY

Data Field Name: P1\_L\_DD, P2\_L\_DD, P3\_L\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Departed Location Date – Day – The day the transport provider departed the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – DEPARTED LOCATION DATE – YEAR

Data Field Name: P1\_L\_DY, P2\_L\_DY, P3\_L\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Departed Location Date – Year – The year the transport provider departed the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## TRANSPORT PROVIDER – DEPARTED LOCATION TIME – HOUR

Data Field Name: P1\_L\_TH, P2\_L\_TH, P3\_L\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Departed Location Time – Hour – The hour the transport provider departed the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## TRANSPORT PROVIDER – DEPARTED LOCATION TIME – MINUTE

Data Field Name: P1\_L\_TM, P2\_L\_TM, P3\_L\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Departed Location Time – Minute – The minute the transport provider departed the location to which they had been dispatched

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ARRIVED FACILITY DATE – MONTH

Data Field Name: P1\_H\_DM, P2\_H\_DM, P3\_H\_DM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Facility Date – Month – The month the transport provider arrived at the facility

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## TRANSPORT PROVIDER – ARRIVED FACILITY DATE – DAY

Data Field Name: P1\_H\_DD, P2\_H\_DD, P3\_H\_DD

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Facility Date – Day – The day the transport provider arrived at the facility

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## TRANSPORT PROVIDER – ARRIVED FACILITY DATE – YEAR

Data Field Name: P1\_H\_DY, P2\_H\_DY, P3\_H\_DY

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

Arrived Facility Date – Year – The year the transport provider arrived at the facility

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ARRIVED FACILITY TIME – HOUR

Data Field Name: P1\_H\_TH, P2\_H\_TH, P3\_H\_TH

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Facility Time – Hour – The hour the transport provider arrived at the facility

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## TRANSPORT PROVIDER – ARRIVED FACILITY TIME – MINUTE

Data Field Name: P1\_H\_TM, P2\_H\_TM, P3\_H\_TM

Window Location: Prehospital F2.4.1, F2.5.1, F2.6.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Arrived Facility Time – Minute – The minute the transport provider arrived at the facility

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format

### OPTIONS

00 through 59 [mm]

\* Unknown

## TRANSPORT PROVIDER – ASSESSMENT DATE – MONTH

Data Field Name: P1\_DM, P2\_DM, P3\_DM

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Date – Month – The month transport provider personnel conducted a medical assessment of the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ASSESSMENT DATE – DAY

Data Field Name: P1\_DD, P2\_DD, P3\_DD

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Date – Day – The day transport provider personnel conducted a medical assessment of the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## TRANSPORT PROVIDER – ASSESSMENT DATE – YEAR

Data Field Name: P1\_DY, P2\_DY, P3\_DY

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Assessment Date – Year – The year transport provider personnel conducted a medical assessment of the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## TRANSPORT PROVIDER – ASSESSMENT TIME – HOUR

Data Field Name: P1\_TH, P2\_TH, P3\_TH

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Time – Hour – The hour transport provider personnel conducted a medical assessment of the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – ASSESSMENT TIME – MINUTE

Data Field Name: P1\_TM, P2\_TM, P3\_TM

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Time – Minute – The minute transport provider personnel conducted a medical assessment of the patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## TRANSPORT PROVIDER – PARALYTIC AGENTS IN EFFECT

Data Field Name: P1\_PAR, P2\_PAR, P3\_PAR

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Paralytic Agents in Effect – Administration of paralytic agents to patient

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Have paralytic agents been administered by the transport provider to the patient? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

\* Unknown

## TRANSPORT PROVIDER – SEDATED

Data Field Name: P1\_SED, P2\_SED, P3\_SED

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Sedated – Administration of drugs to the patient for the purpose of sedation

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Have drugs been administered by the transport provider to the patient for sedation? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – INTUBATED

Data Field Name: P1\_INT, P2\_INT, P3\_INT

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Intubated – Intubation of patient to provide a patent and protected airway

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Has the patient been intubated by the transport provider to provide an airway? Enter the appropriate option.

### OPTIONS

1 Yes  
2 No  
\* Unknown

## TRANSPORT PROVIDER – BAGGING OR VENTILATOR

Data Field Name: P1\_BAG, P2\_BAG, P3\_BAG

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Bagging or Ventilator – Bagging of patient or placement of patient on a ventilator in order to provide respiratory assistance

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Has the patient been bagged or placed on a ventilator to provide respiratory assistance? Enter the appropriate option.

### OPTIONS

1 Yes  
2 No  
\* Unknown

## TRANSPORT PROVIDER – SYSTOLIC BLOOD PRESSURE

Data Field Name: P1\_SBP, P2\_SBP, P3\_SBP

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Systolic Blood Pressure – Pressure recorded as occurring during contraction of ventricles typically the top number of a recorded blood pressure

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the patient's first systolic blood pressure at the scene. Use direct keyboard entry.

### OPTIONS

0-300  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – DIASTOLIC BLOOD PRESSURE

Data Field Name: P1\_DBP, P2\_DBP, P3\_DBP

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Diastolic Blood Pressure – Pressure recorded during the period of least resistance in the arterial vascular system

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the patient's first diastolic blood pressure at the scene. Use direct keyboard entry.

### OPTIONS

0-200

/ Inappropriate

\* Unknown

## TRANSPORT PROVIDER – HEART RATE

Data Field Name: P1\_HR, P2\_HR, P3\_HR

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Heart Rate – Rate of the pulse palpated in beats per minute

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the patient's initial radial or apical pulse at the scene. Do not use the cardiac monitor rate. Use direct keyboard entry.

### OPTIONS

0-250

/ Inappropriate

\* Unknown

## TRANSPORT PROVIDER – INITIAL UNASSISTED RESPIRATORY RATE

Data Field Name: P1\_RR, P2\_RR, P3\_RR

Window Location: Pre-facility F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Initial Respiratory Rate – The act of breathing measured in spontaneous unassisted breaths per minute without the use of mechanical devices

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the patient's actual respiratory rate. Use direct keyboard entry.

### OPTIONS

0-99

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – O<sub>2</sub> ADMINISTERED

Data Field Name: P1\_FIO2, P2\_FIO2, P3\_FIO2

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

O<sub>2</sub> Administered – Administration of oxygen to the patient to improve oxygenation

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Has supplemental oxygen been administered by the transport provider to the patient to improve oxygenation? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

\* Unknown

## TRANSPORT PROVIDER – O<sub>2</sub> SATURATION

Data Field Name: P1\_SAO2, P2\_SAO2, P3\_SAO2

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

O<sub>2</sub> Saturation – Percentage level of oxygen saturation measured

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the transport provider's documented O<sub>2</sub> saturation level. Use direct keyboard entry.

### OPTIONS

0-99

/ Inappropriate

\* Unknown

## TRANSPORT PROVIDER – GCS – EYE OPENING

Data Field Name: P1\_GCS\_EO, P2\_GCS\_EO, P3\_GCS\_EO

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Eye Opening –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
To pain	To pain	To pain	2
To voice	To voice	To voice	3
Spontaneous	Spontaneous	Spontaneous	4

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the initial best eye opening score for the patient at the scene of the injury. Enter the appropriate option.

### OPTIONS

1 None 4 Spontaneous

2 To Pain \*

3 To Voice

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – GCS – VERBAL RESPONSE

Data Field Name: P1\_GCS\_VR, P2\_GCS\_VR, P3\_GCS\_VR

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Verbal Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Incomprehensible sounds	Incomprehensible words	Moans to pain	2
Inappropriate words	Inappropriate cries	Cries to pain	3
Confused	Confused	Irritable cries	4
Oriented	Oriented	Coos, babbles	5

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the initial best verbal score for the patient at the scene of the injury. Enter the appropriate option.

#### OPTIONS

1	None	5	Oriented
2	Incomprehensible Sounds	*	Unknown
3	Inappropriate Words		
4	Confused		

## TRANSPORT PROVIDER – GCS – MOTOR RESPONSE

Data Field Name: P1\_GCS\_MR, P2\_GCS\_MR, P3\_GCS\_MR

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Motor Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
Localizes pain	Localizes painful stimulus	Withdraws to touch	5
Obeys commands	Obeys commands	Moves spontaneously	6

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the initial best motor response score for this patient at the scene of the injury. Enter the appropriate option.

#### OPTIONS

1	None	5	Localizes Pain
2	Abnormal Extension	6	Obeys Commands
3	Abnormal Flexion	*	Unknown
4	Withdraws to Pain		

## TRANSPORT PROVIDER – GCS – TOTAL

Data Field Name: P1\_GCS\_IT, P2\_GCS\_IT, P3\_GCS\_IT

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – GCS – TOTAL CONTINUED

### DEFINITIONS

GCS (Glasgow Coma Scale) – Total – The total of the patient's Eye opening, Verbal response, and Motor response scores

	ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
Eye Opening:	None	None	None	1
	To pain	To pain	To pain	2
	To voice	To voice	To voice	3
	Spontaneous	Spontaneous	Spontaneous	4
Verbal Response:	None	None	None	1
	Incomprehensible sounds	Incomprehensible words	Moans to pain	2
	Inappropriate words	Inappropriate cries	Cries to pain	3
	Confused	Confused	Irritable cries	4
	Oriented	Oriented	Coos, babbles	5
Motor Response:	None	None	None	1
	Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
	Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
	Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
	Localizes pain	Localizes painful stimulus	Withdraws to touch	5
	Obeys commands	Obeys commands	Moves spontaneously	6

**Total GCS = Eye Opening Score + Verbal Response Score + Motor Response Score (Ranges between 3 and 15)**

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

The total GCS Score for the patient recorded upon arrival at the scene will be computed by the program after all the GCS components are entered.

## TRANSPORT PROVIDER – RTS (UNWEIGHTED)

Data Field Name: P1\_RTS\_U, P2\_RTS\_U, P3\_RTS\_U

Window Location: Prehospital F2.4.2, F2.5.2, F2.6.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

RTS (Unweighted) – Based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage.

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

Coded values are summed for outcome evaluation. Raw values (displayed):

Glasgow Coma Scale total points:

13-15	= 4
9-12	= 3
6-8	= 2
4-5	= 1
3	= 0

Respiratory Rate - # respirations in one minute

> 29	= 4
10-29	= 3
6-9	= 2
1-5	= 1
0	= 0

Systolic Blood Pressure – Maximum blood pressure occurring during contraction of ventricles

> 89	= 4
76-89	= 3
50-75	= 2
1-49	= 1
0	= 0

Unweighted RTS = Glasgow Coma value + Systolic BP value + Respiratory Rate value

### INSTRUCTIONS

The Unweighted RTS is automatically calculated by the program after the GCS score, respiratory rate, and systolic blood pressure are entered. If one of these parameters is unknown, the RTS cannot be calculated.



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – AIRWAY

Data Field Name: P1\_AIR, P2\_AIR, P3\_AIR

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Airway – A device or procedure used to prevent or correct obstructed respiratory passage

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the most invasive airway adjunct used to assist the patient either at the scene or during transport by any transport provider. Enter the appropriate option.

### OPTIONS

01	Assisted by Bag and Mask	12	Non-Rebreather Mask Oxygen
11	Blow By	00	No Intervention
09	Combi Tube	05	Oral Airway
02	Cricothyrotomy	06	Oral Endotracheal Tube
03	Esophageal Obturator Airway	07	Oxygen Mask
08	LMA	14	Tracheostomy
13	Nasal Cannula Oxygen	15	Unspecified
04	Nasal Endotracheal Tube	16	Unsuccessful
10	Nasal Pharyngeal Airway	*	Unknown

## TRANSPORT PROVIDER – CPR

Data Field Name: P1\_CPR, P2\_CPR, P3\_CPR

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

CPR (Cardiopulmonary Resuscitation) – Procedure for revival after lack of heart beat or respirations

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Has CPR been performed on the patient either at the scene or en route to the facility? Enter the appropriate option.

### OPTIONS

1	CPR done en route	3	CPR done at scene and en route	*	Unknown
2	CPR done at the scene	0	No Intervention		

## TRANSPORT PROVIDER – FLUIDS

Data Field Name: P1\_FLUIDS, P2\_FLUIDS, P3\_FLUIDS

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Fluids – Crystalloid only, not to include blood or blood products

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the amount of IV fluid administered at the scene of the injury and en route to the facility to which the patient was transported. Enter the appropriate option.

### OPTIONS

1	Less than 500 mL administered	5	Unsuccessful
2	500 to 2000 mL administered	7	Venous access – no fluids given
3	Greater than 2000 mL administered	8	No venous access
4	IV Fluids unknown amount	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – MAST

Data Field Name: P1\_MAST, P2\_MAST, P3\_MAST

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

MAST – Military Anti-Shock Trouser Management

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Has MAST been performed on the patient either at the scene or while enroute to the facility? Enter the appropriate option.

### OPTIONS

- |   |                          |
|---|--------------------------|
| 0 | None                     |
| 1 | Applied and Not Inflated |
| 2 | Applied and Inflated     |
| * | Unknown                  |

## TRANSPORT PROVIDER – CONDITION OF PATIENT AT THE SCENE

Data Field Name: P1\_COND, P2\_COND, P3\_COND

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Condition of Patient at the Scene – AVPU – Neurologic evaluation from ATLS to establish the patient's level of consciousness (ATLS Course Manual)

A = Alert, V = Responds to Verbal Stimuli, P = Responds to Painful Stimuli, U = Unresponsive

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility.

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter the patient's condition at the scene as assessed using AVPU system. Enter the appropriate option.

### OPTIONS

- |   |                               |   |                |
|---|-------------------------------|---|----------------|
| 1 | Alert                         | 6 | Unspecified    |
| 2 | Responsive to Verbal Stimuli  | 7 | Not Documented |
| 3 | Responsive to Painful Stimuli | / | Inappropriate  |
| 4 | Unresponsive/Sedated          | * | Unknown        |
| 5 | Unresponsive                  |   |                |

## TRANSPORT PROVIDER – TUBE THORACOSTOMY

Data Field Name: P1\_THOR, P2\_THOR, P3\_THOR

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Thoracentesis/Tube Thoracostomy – Surgical entry into the thoracic cavity to remove fluids, or resection of the chest wall to allow drainage of the chest cavity

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Have transport provider personnel performed a thoracentesis/tube thoracostomy on the patient? Enter the appropriate option.

### OPTIONS

- |   |              |   |               |
|---|--------------|---|---------------|
| 1 | Yes          | / | Inappropriate |
| 2 | No           | * | Unknown       |
| 3 | Unsuccessful |   |               |

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TRANSPORT PROVIDER – THORACENTESIS/NEEDLE THORACOSTOMY

Data Field Name: P1\_NEED, P2\_NEED, P3\_NEED

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Needle Thoracostomy – Use of needle during resuscitation to relieve pressure and allow drainage of the chest cavity

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Answer the following question: Have transport provider personnel performed a needle thoracostomy on the patient? Enter the appropriate option.

### OPTIONS

- |   |              |   |               |
|---|--------------|---|---------------|
| 1 | Yes          | / | Inappropriate |
| 2 | No           | * | Unknown       |
| 3 | Unsuccessful |   |               |

## TRANSPORT PROVIDER – MEDICATION

Data Field Names P1\_MEDS\_1, P2\_MEDS\_1, P3\_MEDS\_1

P1\_MEDS\_2, P2\_MEDS\_2, P3\_MEDS\_2

P1\_MEDS\_3, P2\_MEDS\_3, P3\_MEDS\_3

P1\_MEDS\_4, P2\_MEDS\_4, P3\_MEDS\_4

P1\_MEDS\_5, P2\_MEDS\_5, P3\_MEDS\_5

Window Location: Prehospital F2.4.3, F2.5.3, F2.6.3

State Required: No

Type of Field: Text

Length: 2

### DEFINITIONS

Medication 1 – Medication given to the patient by the transport provider personnel

Medication 2 – Medication given to the patient by the transport provider personnel

Medication 3 – Medication given to the patient by the transport provider personnel

Medication 4 – Medication given to the patient by the transport provider personnel

Medication 5 – Medication given to the patient by the transport provider personnel

Transport Provider 1 – First transport provider to care for the patient between the scene and initial facility

Transport Provider 2 – Second transport provider to care for the patient between the scene and initial facility

Transport Provider 3 – Third transport provider to care for the patient between the scene and initial facility

### INSTRUCTIONS

Enter all medications given to the patient at the scene and en route.

### OPTIONS

- |    |  |    |  |
|----|--|----|--|
| 00 | None   | 25 | Corticosteroids (Prednisone)                             |
| 01 | ACE inhibitor (Enalapril, Captopril, Lisinopril)               | 26 | Corticosteroids, Inhaled (Beclomethasone)                |
| 02 | Acetaminophen  | 27 | Diuretic (Hydrochlorothiazide, Furosemide)               |
| 03 | Antiarrhythmics (Amiodarone, Procainamide, Sotalol)            | 28 | Estrogen replacement (Conjugated Estrogen)               |
| 04 | Antibacterials (Cefazolin, Augmentin)                          | 29 | Gout (Allopurinol, Colchicine, Probenecid)               |
| 05 | Anticoagulants (Coumadin, Heparin, Enoxaparin)                 | 30 | H2 antagonist (Ranitidine, Famotidine)                   |
| 06 | Anticonvulsant (Phenytoin, Carbamazepine)                      | 31 | Hypoglycemic (Glyburide, Metformin)                      |
| 07 | Antidepressant (Fluoxetine, Sertraline, Amitriptyline))        | 32 | Insulin  |
| 08 | Antifungal (Fluconazole)                                       | 33 | Laxatives (Bisacodyl, Docusate)                          |
| 09 | Antihistamine (Astemizole, Loratidine)                         | 34 | Lithium  |
| 10 | Antihyperlipidemic (Atorvastatin, Simvastatin)                 | 35 | Metoclopramide   |
| 11 | Antiparkinsonian (Levodopa, Benztropine, Amantadine)           | 36 | Muscle relaxants (Baclofen, Cyclobenzaprine)             |
| 12 | Anti-platelet agent (Ticlopidine, Clopidogrel)                 | 37 | Narcotics (Morphine, Oxycodone, Codeine)                 |
| 13 | Antipsychotic (Haloperidol, Chlorpromazine, Fluphenazine)      | 38 | Nitroglycerine   |
| 14 | Antispasmodic (Oxybutynin)                                     | 39 | Non-steroidal anti-inflammatory (Ibuprofen, Rofecoxib)   |
| 15 | Antithyroid (Propylthiouracil, Methimazole)                    | 40 | Oral contraceptives                                      |
| 16 | Antituberculosis (Isoniazid, Ethambutol)                       | 41 | Progesterone   |
| 17 | Antiviral (Interferon, Azathioprine, 3TC, Indinavir )          | 42 | Protein pump inhibitor (Omeprazole, Pantoprazole)        |
| 18 | ASA  | 43 | Sucralfate   |
| 19 | Barbiturates (Phenobarbital, Secobarbital)                     | 44 | Thyroid replacement (Eltroxin)                           |
| 20 | Benzodiazepenes (Lorazepam, Diazepam)                          | 45 | Vasodilators (Hydralazine, Clonidine, Alpha Methyl dopa) |
| 21 | Beta blocker (Metoprolol, Atenolol)                            | 46 | Other  |
| 22 | Bronchodilators (Inhaled, e.g. Albuterol, Ipratropium Bromide) | /  | Inappropriate  |
| 23 | Calcium channel blocker (Diltiazem, Verapamil, Lisinopril)     | *  | Unknown  |
| 24 | Cardiac glycoside (Digoxin)                                    |    |  |

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PREHOSPITAL MEMO

Data Field Name: MEMO\_PRE

Window Location: Prehospital F2.7

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Prehospital Memo – Text field in which to record additional prehospital information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY

### INTERMEDIATE FACILITY – FACILITY ID NUMBER

Data Field Name: F1\_ID, F2\_ID

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Alphanumeric

Length: 6

#### DEFINITIONS

Facility ID Number – The numeric identifier for the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

Facility ID Number

/ Inappropriate

\* Unknown

### INTERMEDIATE FACILITY – FACILITY ID NUMBER – IF OTHER

Data Field Name: F1\_ID\_O, F2\_ID\_O

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Text

Length: 50

#### DEFINITIONS

Facility ID Number – If Other –Text field in which to record additional information regarding intermediate facility name

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

#### INSTRUCTIONS

Use direct keyboard entry.

### INTERMEDIATE FACILITY – ARRIVAL DATE – MONTH

Data Field Name: F1\_ARR\_DM, F2\_ARR\_DM

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 2

#### DEFINITIONS

Intermediate Facility Arrival Date – Month – The month the patient arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

#### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

#### OPTIONS

01 January

05 May

09 September

02 February

06 June

10 October

03 March

07 July

11 November

04 April

08 August

12 December

\* Unknown

### INTERMEDIATE FACILITY – ARRIVAL DATE – DAY

Data Field Name: F1\_ARR\_DD, F2\_ARR\_DD

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – ARRIVAL DATE – DAY CONTINUED

### DEFINITIONS

Intermediate Facility Arrived Date – Day – The day the patient arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – ARRIVAL DATE – YEAR

Data Field Name: F1\_ARR\_DY, F2\_ARR\_DY

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Intermediate Facility – Arrived Date – Year – The year the patient arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## INTERMEDIATE FACILITY – ARRIVAL TIME – HOUR

Data Field Name: F1\_ARR\_TH, F2\_ARR\_TH

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Arrival Time – Hour – The hour the patient arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

**00** (12 o'clock a.m.) through **23** (11 o'clock p.m.) [hh]

\* Unknown

## INTERMEDIATE FACILITY – ARRIVAL TIME – MINUTE

Data Field Name: F1\_ARR\_TM, F2\_ARR\_TM

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Arrival Time – Minute – The minute the patient arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – ARRIVAL TIME – MINUTE CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## INTERMEDIATE FACILITY – REFERRING PHYSICIAN

Data Field Name: F1\_RP, F2\_RP

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Referring Physician – The name of the patient's referring physician

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Referring Physician  
/ Inappropriate  
\* Unknown

## INTERMEDIATE FACILITY – REASON FOR DISCHARGE

Data Field Name: F1\_RS, F2\_RS

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Reason for Discharge – The reason the patient was discharged from this facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1 Medical  
2 Personal  
3 Financial  
4 Other  
\* Unknown

## INTERMEDIATE FACILITY – DISCHARGED BY

Data Field Name: F1\_RSBY, F2\_RSBY

Window Location: Intermediate Facility

F3.1.1, F3.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Discharged by – Individual who made the decision for discharge of this patient from this facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – DISCHARGED BY CONTINUED

### OPTIONS

- 1 Physician
- 2 Patient
- 3 Payor
- 4 Other
- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – MODE

Data Field Name: F1\_MODE, F2\_MODE

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Mode – The type of transportation provided by the intermediate transfer provider

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Land Ambulance
- 2 Helicopter Ambulance
- 3 Fixed-wing Ambulance
- 4 Charter Fixed-Wing
- 5 Charter Helicopter
- 6 Private Vehicle/Walk-In
- 7 Police
- 8 Commercial Flight
- 9 Other
- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – AGENCY

Data Field Name: F1\_AGEN, F2\_AGEN

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Transfer Provider – Agency – The name of the transfer agency

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

Agency

- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PROVIDER LEVEL

Data Field Name: F1\_LEVEL, F2\_LEVEL

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Transfer Provider – Provider Level – The level of service provided by the transfer provider

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PROVIDER LEVEL CONTINUED

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 1<sup>st</sup> Responder
- 2 BLS
- 3 ILS
- 4 ALS
- 5 Other
- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – REPORT AVAILABLE

Data Field Name: F1\_R\_AV, F2\_R\_AV

Window Location: Intermediate Facility F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Transfer Provider – Report Available – Availability of the ambulance report from the prehospital transport provider

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Was the ambulance report from the intermediate transfer provider available? Enter the appropriate option.

### OPTIONS

- 1 Received, Complete, and Legible, in a Timely Manner
- 2 Received, Complete, and Legible, not in a Timely Manner
- 3 Received, Incomplete
- 4 Received, Illegible
- 5 Never Received
- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – REPORT NUMBER

Data Field Name: F1\_R\_NUM, F2\_R\_NUM

Window Location: Intermediate Facility F3.1.2, F3.2.2

State Required: No

Type of Field: Alphanumeric

Length: 12

### DEFINITIONS

Transfer Provider – Report Number – The preprinted number on the transfer provider report

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Report Number

- / Inappropriate
- \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – TRIAGED BY EMS

Data Field Name: F1\_, F2\_

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Triaged by EMS – Screening and assessment of patient by EMS for treatment priority

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Was the patient triaged for appropriate care by the emergency medical service personnel? Enter the appropriate option.

### OPTIONS

- 1 Yes
- 2 No
- / Inappropriate
- \* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – CALL RECEIVED DATE – MONTH

Data Field Name: F1\_R\_DM, F2\_R\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Call Received Date – Month – The month the intermediate facility called the transfer provider for transportation of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

- |    |          |    |        |    |           |
|----|----------|----|--------|----|-----------|
| 01 | January  | 05 | May    | 09 | September |
| 02 | February | 06 | June   | 10 | October   |
| 03 | March    | 07 | July   | 11 | November  |
| 04 | April    | 08 | August | 12 | December  |
| *  | Unknown  |    |        |    |           |

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – CALL RECEIVED DATE – DAY

Data Field Name: F1\_R\_DD, F2\_R\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Call Received Date – Day – The day the intermediate facility called the transfer provider for transportation of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

- 01 through 31 [dd]
- \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – CALL RECEIVED DATE – YEAR

Data Field Name: F1\_R\_TY, F2\_R\_TY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Call Received Date – Year – The year the intermediate facility called the transfer provider for transportation of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – CALL RECEIVED TIME – HOUR

Data Field Name: F1\_R\_TH, F2\_R\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Call Received Time – Hour – The hour the intermediate facility called the transfer provider for transportation of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – CALL RECEIVED TIME – MINUTE

Data Field Name: F1\_R\_TM, F2\_R\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Call Received Time – Minute – The minute the intermediate facility called the transfer provider for transportation of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DISPATCHED DATE – MONTH

Data Field Name: F1\_D\_DM, F2\_D\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Dispatched Date – Month – The month the intermediate facility’s transfer provider was dispatched

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DISPATCHED DATE – DAY

Data Field Name: F1\_D\_DD, F2\_D\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Dispatched Date – Day – The day the intermediate facility’s transfer provider was dispatched

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DISPATCHED DATE – YEAR

Data Field Name: F1\_D\_DY, F2\_D\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Dispatched Date – Year – The year the intermediate facility’s transfer provider was dispatched

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DISPATCHED TIME – HOUR

Data Field Name: F1\_D\_TH, F2\_D\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Dispatched Time – Hour – The hour the intermediate facility's transfer provider was dispatched

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DISPATCHED TIME – MINUTE

Data Field Name: F1\_D\_TM, F2\_D\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Dispatched Date – Minute – The minute the intermediate facility's transfer provider was dispatched

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – EN ROUTE DATE – MONTH

Data Field Name: F1\_I\_DM, F2\_I\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – En Route Date – Month – The month the intermediate facility's transfer provider began actual transport services to the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – EN ROUTE DATE – DAY

Data Field Name: F1\_I\_DD, F2\_I\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – En Route Date – Day – The day the intermediate facility's transfer provider began actual transport services to the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – EN ROUTE DATE – YEAR

Data Field Name: F1\_I\_DY, F2\_I\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – En Route Date – Year – The year the intermediate facility's transfer provider began actual transport services to the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – EN ROUTE TIME – HOUR

Data Field Name: F1\_I\_TH, F2\_I\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – En Route Time – Hour – The hour the intermediate facility's transfer provider began actual transport services to the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – EN ROUTE TIME – MINUTE

Data Field Name: F1\_I\_TM, F2\_I\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Transfer Provider – En Route Time – Minute – The minute the intermediate facility's transfer provider began actual transport services to the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED LOCATION DATE – MONTH

Data Field Name: F1\_A\_DM, F2\_A\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – En Route Date – Month – The month the intermediate facility's transfer provider arrived to conduct transport of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED LOCATION DATE – DAY

Data Field Name: F1\_A\_DD, F2\_A\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Arrived Location Date – Day – The day the intermediate facility's transfer provider arrived to conduct transport of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED LOCATION DATE – YEAR

Data Field Name: F1\_A\_DY, F2\_A\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Location Date – Year – The year the intermediate facility's transfer provider arrived to conduct transport of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED LOCATION TIME – HOUR

Data Field Name: F1\_A\_TH, F2\_A\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Location Time – Hour – The hour the intermediate facility's transfer provider arrived to conduct transport of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Inappropriate

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED LOCATION TIME – MINUTE

Data Field Name: F1\_A\_TM, F2\_A\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Location Time – Minute – The minute the intermediate facility's transfer provider arrived to conduct transport of the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PATIENT CONTACT DATE – MONTH

Data Field Name: F1\_P\_DM, F2\_P\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Patient Contact Date – Month – The month the intermediate facility's transfer provider had first contact with the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PATIENT CONTACT DATE – DAY

Data Field Name: F1\_P\_DD, F2\_P\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Patient Contact Date – Day – The day the intermediate facility's transfer provider had first contact with the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PATIENT CONTACT DATE – YEAR

Data Field Name: F1\_P\_DY, F2\_P\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Patient Contact Date – Year – The year the intermediate facility's transfer provider had first contact with the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PATIENT CONTACT TIME – HOUR

Data Field Name: F1\_P\_TH, F2\_P\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Patient Contact Time – Hour – The hour the intermediate facility's transfer provider had first contact with the patient

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – PATIENT CONTACT TIME – MINUTE

Data Field Name: F1\_P\_TM, F2\_P\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Patient Contact Time – Minute – The minute the intermediate facility's transfer provider had first contact with the patient

Intermediate Facility 1 – First facility the patient is transferred to after the initial facility

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DEPARTED LOCATION DATE – MONTH

Data Field Name: F1\_L\_DM, F2\_L\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Departed Location Date – Month – The month the intermediate facility's transfer provider departed the patient's location

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DEPARTED LOCATION DATE – DAY

Data Field Name: F1\_L\_DD, F2\_L\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Departed Location Date – Day – The day the intermediate facility's transfer provider departed the patient's location

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DEPARTED LOCATION DATE – YEAR

Data Field Name: F1\_L\_DY, F2\_L\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Departed Location Date – Year – The year the intermediate facility's transfer provider departed the patient's location

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DEPARTED LOCATION TIME – HOUR

Data Field Name: F1\_L\_TH, F2\_L\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Departed Location Time – Hour – The hour the intermediate facility's transfer provider departed the patient's location

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – DEPARTED LOCATION TIME – MINUTE

Data Field Name: F1\_L\_TM, F2\_L\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Transfer Provider – Departed Location Time – Minute – The minute the intermediate facility's transfer provider departed the patient's location

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED FACILITY DATE – MONTH

Data Field Name: F1\_C\_DM, F2\_C\_DM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Facility Date – Month – The month the intermediate facility's transfer provider arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED FACILITY DATE – DAY

Data Field Name: F1\_C\_DD, F2\_C\_DD

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Facility Date – Day – The day the intermediate facility's transfer provider arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED FACILITY DATE – YEAR

Data Field Name: F1\_C\_DY, F2\_C\_DY

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Transfer Provider – Arrived Facility Date – Year – The year the intermediate facility's transfer provider arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED FACILITY TIME – HOUR

Data Field Name: F1\_C\_TH, F2\_C\_TH

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Facility Time – Hour – The hour the intermediate facility's transfer provider arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## INTERMEDIATE FACILITY – TRANSFER PROVIDER – ARRIVED FACILITY TIME – MINUTE

Data Field Name: F1\_C\_TM, F2\_C\_TM

Window Location: Intermediate Facility

F3.1.2, F3.2.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Transfer Provider – Arrived Facility Time – Minute – The minute the intermediate facility's transfer provider arrived at the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – ASSESSMENT DATE – MONTH

Data Field Name: F1\_DM, F2\_DM

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Assessment Date – Month – The month the intermediate facility conducted a patient assessment

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## INTERMEDIATE FACILITY – ASSESSMENT DATE – DAY

Data Field Name: F1\_DD, F2\_DD

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Assessment Date – Day – The day the intermediate facility conducted a patient assessment

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## INTERMEDIATE FACILITY – ASSESSMENT DATE – YEAR

Data Field Name: F1\_DY, F2\_DY

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Intermediate Facility – Assessment Date – Year – The year the intermediate facility conducted a patient assessment

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – ASSESSMENT TIME – HOUR

Data Field Name: F1\_TH, F2\_TH  
Window Location: Intermediate Facility F3.1.3, F3.2.3  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Intermediate Facility – Assessment Time – Hour – The hour the intermediate facility conducted a patient assessment  
Intermediate Facility 1 – First facility the patient is transferred to from the scene  
Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## INTERMEDIATE FACILITY – ASSESSMENT TIME – MINUTE

Data Field Name: F1\_TM, F2\_TM  
Window Location: Intermediate Facility F3.1.3, F3.2.3  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Intermediate Facility – Assessment Time – Minute – The minute the intermediate facility conducted a patient assessment  
Intermediate Facility 1 – First facility the patient is transferred to from the scene  
Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option the [mm] format. Use direct keyboard entry.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## INTERMEDIATE FACILITY – PARALYTIC AGENTS IN EFFECT

Data Field Name: F1\_PAR, F2\_PAR  
Window Location: Intermediate Facility F3.1.3, F3.2.3  
State Required: No  
Type of Field: Yes/No  
Length: 1

### DEFINITIONS

Intermediate Facility – Paralytic Agents in Effect – Administration of paralytic agents to patient  
Intermediate Facility 1 – First facility the patient is transferred to from the scene  
Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Have paralytic agents been administered to the patient in the intermediate facility? Enter the appropriate option.

### OPTIONS

1 Yes / Inappropriate  
2 No \* Unknown

## INTERMEDIATE FACILITY – SEDATED

Data Field Name: F1\_SED, F2\_SED  
Window Location: Intermediate Facility F3.1.3, F3.2.3  
State Required: No  
Type of Field: Yes/No  
Length: 1

### DEFINITIONS

Intermediate Facility – Sedated – Administration of drugs to the patient for the purpose of sedation  
Intermediate Facility 1 – First facility the patient is transferred to from the scene  
Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – SEDATED CONTINUED

### INSTRUCTIONS

Answer the following question: Have drugs been administered to the patient for sedation in the intermediate facility? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## INTERMEDIATE FACILITY – INTUBATED

Data Field Name: F1\_INT, F2\_INT

Window Location: Intermediate Facility F3.1.3, F3.2.3

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Intermediate Facility – Intubated – Intubation of patient to provide a patent and protected airway

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Has the patient been intubated to provide an airway in the intermediate facility? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## INTERMEDIATE FACILITY– BAGGING OR VENTILATOR

Data Field Name: F1\_BAG, F2\_BAG

Window Location: Intermediate Facility F3.1.3, F3.2.3

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Intermediate Facility – Bagging or Ventilator – Bagging of patient or placement of patient on a ventilator in order to provide respiratory assistance

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Has the patient been bagged or placed on a ventilator to provide respiratory assistance in the intermediate facility? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## INTERMEDIATE FACILITY– SYSTOLIC BLOOD PRESSURE

Data Field Name: F1\_SBP, F2\_SBP

Window Location: Intermediate Facility F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Intermediate Facility – Systolic Blood Pressure – Maximum blood pressure occurring during contraction of ventricles

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the patient's first systolic blood pressure in the intermediate facility. Use direct keyboard entry.

### OPTIONS

0-300  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY– DIASTOLIC BLOOD PRESSURE

Data Field Name: F1\_DBP, F2\_DBP

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Intermediate Facility – Diastolic Blood Pressure –Period of least blood pressure in the arterial vascular system

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the patient's first diastolic blood pressure in the intermediate facility. Use direct keyboard entry.

### OPTIONS

0-200

\* Unknown

## INTERMEDIATE FACILITY– HEART RATE

Data Field Name: F1\_HR, F2\_HR

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Intermediate Facility– Heart Rate – Rate of the pulse palpated in beats per minute

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the patient's initial radial or apical pulse in the intermediate facility. Do not use the cardiac monitor rate. Use direct keyboard entry.

### OPTIONS

0-250

\* Unknown

## INTERMEDIATE FACILITY – UNASSISTED RESPIRATORY RATE

Data Field Name: F1\_RR, F2\_RR

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Unassisted Respiratory Rate – The act of breathing measured in spontaneous unassisted breaths per minute without the use of mechanical devices

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the patient's actual respiratory rate in the intermediate facility. Use direct keyboard entry.

### OPTIONS

0-99

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – O<sub>2</sub> ADMINISTERED

Data Field Name: F1\_FIO2, F2\_FIO2

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Intermediate Facility – O<sub>2</sub> Administered – Administration of oxygen to the patient to improve oxygenation

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Has oxygen been administered to the patient to improve oxygenation in the intermediate facility? Enter the appropriate option.

### OPTIONS

1 Yes  
2 No  
/ Inappropriate  
\* Unknown

## INTERMEDIATE FACILITY– O<sub>2</sub> SATURATION

Data Field Name: F1\_SAO2, F2\_SAO2

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Intermediate Facility – O<sub>2</sub> Saturation – Percentage level of oxygen saturation measured

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the patient's documented O<sub>2</sub> saturation level in the intermediate facility. Use direct keyboard entry.

### OPTIONS

0-99  
/ Inappropriate  
\* Unknown

## INTERMEDIATE FACILITY – GCS – EYE OPENING

Data Field Name: F1\_GCS\_EO, F2\_GCS\_EO

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Eye Opening –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
To pain	To pain	To pain	2
To voice	To voice	To voice	3
Spontaneous	Spontaneous	Spontaneous	4

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the initial best eye opening score for the patient in the intermediate facility. Enter the appropriate option.

### OPTIONS

1 None  
2 To Pain  
3 To Voice  
4 Spontaneous  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY– GCS – VERBAL RESPONSE

Data Field Name: F1\_GCS\_VR, F2\_GCS\_VR

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Verbal Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Incomprehensible sounds	Incomprehensible words	Moans to pain	2
Inappropriate words	Inappropriate cries	Cries to pain	3
Confused	Confused	Irritable cries	4
Oriented	Oriented	Coos, babbles	5

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the initial best verbal score for the patient in the intermediate facility. Enter the appropriate option.

### OPTIONS

- 1 None
- 2 Incomprehensible Sounds
- 3 Inappropriate Words
- 4 Confused
- 5 Oriented
- \* Unknown

## INTERMEDIATE FACILITY – GCS – MOTOR RESPONSE

Data Field Name: F1\_GCS\_MR, F2\_GCS\_MR

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Motor Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
Localizes pain	Localizes painful stimulus	Withdraws to touch	5
Obeys commands	Obeys commands	Moves spontaneously	6

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the initial best motor response score for the patient in the intermediate facility. Enter the appropriate option.

### OPTIONS

- 1 None
- 2 Extension
- 3 Flexion
- 4 Withdraws
- 5 Localizes
- 6 Obeys
- \* Unknown

## INTERMEDIATE FACILITY– GCS – TOTAL

Data Field Name: F1\_GCS\_TT, F2\_GCS\_TT

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY– GCS – TOTAL CONTINUED

### DEFINITIONS

GCS (Glasgow Coma Scale) – Total – The total of the patient's Eye opening, Verbal response and Motor response scores

	ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
Eye Opening:	None	None	None	1
	To pain	To pain	To pain	2
	To voice	To voice	To voice	3
	Spontaneous	Spontaneous	Spontaneous	4
Verbal Response:	None	None	None	1
	Incomprehensible sounds	Incomprehensible words	Moans to pain	2
	Inappropriate words	Inappropriate cries	Cries to pain	3
	Confused	Confused	Irritable cries	4
	Oriented	Oriented	Coos, babbles	5
Motor Response:	None	None	None	1
	Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
	Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
	Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
	Localizes pain	Localizes painful stimulus	Withdraws to touch	5
	Obeys commands	Obeys commands	Moves spontaneously	6

**Total GCS = Eye Opening Score + Verbal Response Score + Motor Response Score (Ranges between 3 and 15)**

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

The total GCS Score for the patient recorded in the intermediate facility will be computed by the program after all the GCS components are entered.

## INTERMEDIATE FACILITY – RTS (UNWEIGHTED)

Data Field Name: F1\_RTS\_U, F2\_RTS\_U

Window Location: Intermediate Facility

F3.1.3, F3.2.3

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Unweighted RTS – Based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values are used for triage.

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

Coded values are summed for outcome evaluation. Raw values (displayed):

Glasgow Coma Scale total points:

13-15	= 4
9-12	= 3
6-8	= 2
4-5	= 1
3	= 0

Respiratory Rate - # respirations in one minute

> 29	= 4
10-29	= 3
6-9	= 2
1-5	= 1
0	= 0

Systolic Blood Pressure – Maximum blood pressure occurring during contraction of ventricles

> 89	= 4
76-89	= 3
50-75	= 2
1-49	= 1
0	= 0

Unweighted RTS = Glasgow Coma value + Systolic BP value + Respiratory Rate value

### INSTRUCTIONS

The Unweighted RTS is automatically calculated by the program after the GCS score, respiratory rate, and systolic blood pressure are entered. If one of these parameters is unknown, the RTS cannot be calculated.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY– ABDOMINAL CT RESULTS

Data Field Name: F1\_ABD\_CT, F2\_ABD\_CT

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Abdominal CT Results – The results from the patient's initial Abdominal CT Scan

Abdomen – Portion of the body which lies between the chest and the pelvis

CT Scan – Computerized Axial Tomography – A diagnostic procedure that utilizes a computer to analyze x-ray data

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – ABDOMINAL ULTRASOUND RESULTS

Data Field Name: F1\_ABD\_UT, F2\_ABD\_UT

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Abdominal Ultrasound Results – The results from the patient's initial Abdominal Ultrasound

Abdomen – Portion of the body between the chest and the pelvis

Ultrasound – The diagnostic use of ultrasonic waves directed for imaging of internal body structures and the detection of bodily abnormalities

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Indeterminate
- 4 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – AORTOGRAM/ARTERIOGRAM/ANGIOGRAM RESULTS

Data Field Name: F1\_AOR\_GR, F2\_AOR\_GR

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Results – The results from the patient's initial Aortogram/Arteriogram/Angiogram

Aortogram – X-ray film of the aortic arch after the injection of a dye

Arteriogram – X-ray film of the arteries after the injection of a dye

Angiogram – Serial reentgenography of a blood vessel taken rapid sequence following the injection of a radiopaque substance into the vessel

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – AORTOGRAM/ARTERIOGRAM/ANGIOGRAM RESULTS CONTINUED

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – CHEST CT RESULTS

Data Field Name: F1\_CHE\_CT, F2\_CHE\_CT

Window Location: Intermediate Facility F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Chest CT Results – The results from the patient's initial Chest CT Scan

Chest – Portion of the body which lies between the head and the abdomen

CT Scan – Computerized Axial Tomography – A diagnostic procedure that utilizes a computer to analyze x-ray data

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – HEAD CT RESULTS

Data Field Name: F1\_HE\_CT, F2\_HE\_CT

Window Location: Intermediate Facility F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Head CT Results – The results from the patient's initial Head CT Scan

Head – Portion of the body which contains the brain and organs of sight, smell, hearing, and taste

CT Scan (Computerized Axial Tomography) – A diagnostic procedure that utilizes a computer to analyze x-ray data

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – PERITONEAL LAVAGE

Data Field Name: F1\_PER\_LV, F2\_PER\_LV

Window Location: Intermediate Facility F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – PERITONEAL LAVAGE

### DEFINITIONS

Peritoneal Lavage – Washing out of the peritoneal cavity

Peritoneal Cavity – Region bordered by parietal layer of the peritoneum containing all the abdominal organs exclusive of the kidneys

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the results from the peritoneal lavage done in the intermediate facility

### OPTIONS

- 1 Negative
- 2 Positive
- 3 Indeterminate
- 4 Unsuccessful
- 5 Not Performed
- \* Unknown

## INTERMEDIATE FACILITY – ICU

Data Field Name: F1\_ICU, F2\_ICU

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

ICU – Intensive Care Unit

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Did the patient receive care in the intermediate facility's ICU? Enter the appropriate option.

### OPTIONS

- 1 ICU at transferring hospital
- 2 No ICU at transferring hospital
- \* Unknown

## INTERMEDIATE FACILITY – AIRWAY

Data Field Name: F1\_AR, F2\_AR

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Airway – A device or procedure used to prevent or correct obstructed respiratory passage

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the most invasive airway adjunct used to assist the patient at the intermediate facility's ED. Enter the appropriate option.

### OPTIONS

- |    |                             |    |                            |
|----|-----------------------------|----|----------------------------|
| 00 | No Intervention             | 10 | Nasal Pharyngeal Airway    |
| 01 | Assisted by Bag and Mask    | 11 | Blow By                    |
| 02 | Cricothyrotomy              | 12 | Non-Rebreather Mask Oxygen |
| 03 | Esophageal Obturator Airway | 13 | Nasal Cannula Oxygen       |
| 04 | Nasal Endotracheal Tube     | 14 | Tracheostomy               |
| 05 | Oral Airway                 | 15 | Unspecified                |
| 06 | Oral Endotracheal Tube      | 16 | Unsuccessful               |
| 07 | Oxygen Mask                 | 17 | Not Documented             |
| 08 | LMA                         | *  | Unknown                    |
| 09 | Combi Tube                  |    |                            |

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – OR

Data Field Name: F1\_OR, F2\_OR

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Intermediate Facility OR – were procedures performed within the intermediate facility's Operating Room?

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Did the patient receive care in the intermediate facility's OR? Enter the appropriate option.

### OPTIONS

- 1 Operating room at the transferring hospital
- 2 No operating room at the transferring hospital
- \* Unknown

## INTERMEDIATE FACILITY – CPR

Data Field Name: F1\_CPR, F2\_CPR

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

CPR (Cardiopulmonary Resuscitation) – Procedure for revival after lack of heart beat or respirations.

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Answer the following question: Has CPR been performed on the patient at the intermediate facility? Enter the appropriate option.

### OPTIONS

- 1 CPR done en route
- 2 CPR done at the scene
- 3 CPR done at scene and en route
- 0 No Intervention
- \* Unknown

## INTERMEDIATE FACILITY – MEDICATION

Data Field Name: F1\_MEDS\_1, F2\_MEDS\_1

F1\_MEDS\_2, F2\_MEDS\_2

F1\_MEDS\_3, F2\_MEDS\_3

F1\_MEDS\_4, F2\_MEDS\_4

F1\_MEDS\_5, F2\_MEDS\_5

Window Location: Intermediate Facility

F3.1.4, F3.2.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Intermediate Facility – Medication 1 – Medication given to the patient by the intermediate facility

Intermediate Facility – Medication 2 – Medication given to the patient by the intermediate facility

Intermediate Facility – Medication 3 – Medication given to the patient by the intermediate facility

Intermediate Facility – Medication 4 – Medication given to the patient by the intermediate facility

Intermediate Facility – Medication 5 – Medication given to the patient by the intermediate facility

Intermediate Facility 1 – First facility the patient is transferred to from the scene

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Enter the medications given to the patient by the intermediate facility

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## INTERMEDIATE FACILITY – MEDICATION CONTINUED

### OPTIONS

00	None	25	Corticosteroids (Prednisone)
01	ACE inhibitor (Enalapril, Captopril, Lisinopril)	26	Corticosteroids, Inhaled (Beclomethasone)
02	Acetaminophen	27	Diuretic (Hydrochlorothiazide, Furosemide)
03	Antiarrhythmics (Amiodarone, Procainamide, Sotalol)	28	Estrogen replacement (Conjugated Estrogen)
04	Antibacterials (Cefazolin, Augmentin)	29	Gout (Allopurinol, Colchicine, Probenecid)
05	Anticoagulants (Coumadin, Heparin, Enoxaparin)	30	H2 antagonist (Ranitidine, Famotidine)
06	Anticonvulsant (Phenytoin, Carbamazepine)	31	Hypoglycemic (Glyburide, Metformin)
07	Antidepressant (Fluoxetine, Sertraline, Amitriptyline))	32	Insulin
08	Antifungal (Fluconazole)	33	Laxatives (Bisacodyl, Docusate)
09	Antihistamine (Astemizole, Loratidine)	34	Lithium
10	Antihyperlipidemic (Atorvastatin, Simvastatin)	35	Metoclopramide
11	Antiparkinsonian (Levodopa, Benztropine, Amantadine)	36	Muscle relaxants (Baclofen, Cyclobenzaprine)
12	Anti-platelet agent (Ticlopidine, Clopidogrel)	37	Narcotics (Morphine, Oxycodone, Codeine)
13	Antipsychotic (Haloperidol, Chlorpromazine, Fluphenazine)	38	Nitroglycerine
14	Antispasmodic (Oxybutynin)	39	Non-steroidal anti-inflammatory (Ibuprofen, Rofecoxib)
15	Antithyroid (Propylthiouracil, Methimazole)	40	Oral contraceptives
16	Antituberculosis (Isoniazid, Ethambutol)	41	Progesterone
17	Antiviral (Interferon, Azathioprine, 3TC, Indinavir )	42	Protein pump inhibitor (Omeprazole, Pantoprazole)
18	ASA	43	Sucralfate
19	Barbiturates (Phenobarbital, Secobarbital)	44	Thyroid replacement (Eltroxin)
20	Benzodiazapenes (Lorazepam, Diazepam)	45	Vasodilators (Hydralazine, Clonidine, Alpha Methyldopa)
21	Beta blocker (Metoprolol, Atenolol)	46	Other
22	Bronchodilators (Inhaled, e.g. Albuterol, Ipratropium Bromide)	/	Inappropriate
23	Calcium channel blocker (Diltiazem, Verapamil, Lisinopril)	*	Unknown
24	Cardiac glycoside (Digoxin)		

## INTERMEDIATE FACILITY 1 MEMO

Data Field Name: MEMO\_F1

Window Location: Intermediate Facility

F3.1.5

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Intermediate Facility 1 Memo – Text field in which to record additional Intermediate Facility 1 information if needed

Intermediate Facility 1 – First facility the patient is transferred to from the scene

### INSTRUCTIONS

Use direct keyboard entry.

## INTERMEDIATE FACILITY 2 MEMO

Data Field Name: MEMO\_F2

Window Location: Intermediate Facility

F3.2.5

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Intermediate Facility 2 Memo – Text field in which to record additional Intermediate Facility 2 information if needed

Intermediate Facility 2 – Second facility the patient is transferred to after the initial facility

### INSTRUCTIONS

Use direct keyboard entry.

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT

### EMERGENCY DEPARTMENT – PATIENT ACCESS TO THIS FACILITY

Data Field Name: ED\_ACCESS

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 1

#### DEFINITIONS

Patient Access to This Facility – Manner in which the patient was admitted to your facility

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

4	Direct Admit	5	Transfer from Another Facility
1	ED	2	Trauma Dept. (Independent from ED)
3	ED - 23 Hour Observation	*	Unknown

### EMERGENCY DEPARTMENT – ADMITTING SERVICE

Data Field Name: ADM\_SER

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Admitting Service – Service to which the patient is designated upon admission to your facility or, in the case of death in the ED, the service which gives the patient primary care in the ED

#### INSTRUCTIONS

Enter the appropriate option.

#### OPTIONS

01	Allergy/Immunology	12	Internal Medicine	22	Plastic Surgery
02	Anesthesiology	13	Medical Genetics	23	Pulmonary
03	Burn Care Specialist	35	Neurology	24	Radiology
04	Cardiology	14	Neurosurgery	25	Renal
05	Colon Rectal Surgery	15	Nuclear Medicine	26	Thoracic Surgery
06	Dermatology	16	OB/GYN	27	Trauma Surgery
07	Ear, Nose and Throat Specialist	33	OMFS	28	Urology
08	Emergency Medicine	17	Ophthalmology	29	Vascular Surgery
09	Family Practice	18	Orthopedics	30	Other
10	General Surgery	19	Otolaryngology	/	Not Applicable
11	Hand-Ortho Surgery	20	Pediatrics	*	Unknown
36	Infectious Disease	21	Physical Medicine/Rehab		

### EMERGENCY DEPARTMENT – ARRIVED FROM

Data Field Name: ARR\_FROM

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Arrived From – Type of facility where the patient was given care before reaching your facility; admission to the referring facility is not necessary

#### INSTRUCTIONS

If the patient went from where the injury occurred to their place of residence, and then to the ED, use the **Home** option. If the accident occurred in their home, use the **Scene of Injury** option. Enter the appropriate option.

01	Home	08	Urgent Care Facility
02	Nursing Home	09	Jail/Prison
03	Referring Facility	10	Other
05	Scene of Injury	11	Unspecified
06	Office	*	Unknown
07	Medical Emergency Clinic		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRANSFERRED FROM

Data Field Name: TRAN\_FROM

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Alphanumeric

Length: 7

### DEFINITIONS

Transferred from – The name of the facility where the patient was given care before reaching your facility, admission to the referring facility is not necessary.

### INSTRUCTIONS

Use direct keyboard entry. Do not leave blank. If patient was not referred / transferred to your hospital, enter “Inappropriate” in this field. If the field “Emergency Department – Arrived From” is valued with a “03” for referring facility, enter the Facility ID of the hospital where the patient was given initial care.

### OPTIONS

Facility ID Number

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ARRIVAL CONDITION

Data Field Name: ARR\_CON

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Arrival Condition –AVPU – Neurologic evaluation from ATLS to establish the patient's level of consciousness (ATLS Course Manual)

A = Alert, V = Responds to Verbal Stimuli, P = Responds to Painful Stimuli , U = Unresponsive

### INSTRUCTIONS

Enter the patient's condition on arrival as diagnosed using AVPU system. Enter the appropriate option.

### OPTIONS

1	Alert	4	Unresponsive/Sedated
3	Responsive to Painful Stimuli	6	Unspecified
2	Responsive to Verbal Stimuli	*	Unknown
5	Unresponsive		

## EMERGENCY DEPARTMENT – ADMITTING PHYSICIAN

Data Field Name: ED\_ADMIT

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Admitting Physician – Physician to which the patient is designated upon admission to your facility or; in the case of death in the ED, the physician which gives the patient primary care in the ED

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

User defined

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ATTENDING PHYSICIAN

Data Field Name: ED\_ATTEN

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

**Attending Physician** – Physician supervising medical students and/or fellows who is on call at the time of patient arrival. For hospitals without students, attending physician is the on-call/covering physician.

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – TRAUMA RESPONSE

Data Field Name: ED\_STATUS

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

**Trauma Response** – Level of medical staff response by the facility to the treatment of the patient. For level 3 and 4 centers, the trauma response field usually does not apply since there is no trauma surgeon involvement in the patient response. However, if they do have a trauma protocol with a response, this can be applied to fit their protocol.

**Full** – A full trauma response to the patient. This requires a dedicated trauma team which responds to the patient in a timely manner upon patient arrival. The team always includes the trauma surgeon (or trauma fellow/chief resident) and supporting team members from various specialties including but not limited to anesthesia, orthopedics, neurosurgery, cardiothoracic surgery.

**Partial** – A partial trauma response to the patient. This requires a subset of the trauma team which responds to the patient in a timely manner upon patient arrival.

**NFS** - A trauma response to the patient without indication to the level of response (Not Further Specified). Some level 2 and most level 3 centers do not have separate levels of response for trauma patients. The NFS category indicates a trauma response was done for the patient but no distinction as to the type of response (full vs. partial).

**Consult** - The patient did not receive a trauma response but the trauma surgeon was consulted upon patient arrival. This indicates that response to the trauma was not necessary; however, the trauma surgeon was consulted and orders given by the trauma surgeon in regard to patient care and appropriate treatment.

**Readmission** - The patient was previously seen for the SAME injury and within 72 hours was readmitted to the ED for trauma care.

**Non-Trauma Service** - The patient did not have a trauma response nor was a trauma surgeon consulted and subsequently was admitted to non-trauma related service. NOTE: Some centers have a separate trauma service others classify trauma under cardiothoracic service, neurosurgery, or orthopedic service. These are still considered trauma services so long as the designated trauma surgeon was involved in the initial phase of care.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Full	5	Readmission
2	Partial	6	Non-Trauma Serv.
3	NFS	/	Not Applicable
4	Consult	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA TEAM ACTIVATION DATE – MONTH

Data Field Name: TT\_ACT\_DM

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Team Activation Date – Month – The month the trauma team was activated

Trauma team activation – Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
* Unknown					

## EMERGENCY DEPARTMENT – TRAUMA TEAM ACTIVATION DATE – DAY

Data Field Name: TT\_ACT\_DD

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Team Activation Date – Day – The day the trauma team was activated

Trauma team activation – Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA TEAM ACTIVATION DATE – YEAR

Data Field Name: TT\_ACT\_DY

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Trauma Team Activation Date – Year – The year the trauma team was activated

Trauma team activation – Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA TEAM ACTIVATION TIME – HOUR

Data Field Name: TT\_ACT\_TH

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Team Activation Time – Hour – The hour the trauma team was activated

Trauma team activation – Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA TEAM ACTIVATION TIME – MINUTE

Data Field Name: TT\_ACT\_TM

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Team Activation Time – Minute – The minute the trauma team was activated

Trauma team activation – Announcement of incoming trauma patient via pager system to assemble all members of the trauma team in the ED resuscitation area

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – CHIEF COMPLAINT

Data Field Name: CHIEF\_COM

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Chief Complaint – Injury complaint which caused the patient to come to the facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

01	Assault	09	Motor Vehicle Crash	17	Pedestrian Injury
02	Bicycle Crash	10	Rape	18	Plane Crash
03	Burn	11	Stab Wound	19	Railway Injury
04	Electrical Injury	12	Other Mechanism	20	Watercraft Injury
05	Fall	13	Unspecified	21	Sports Injury
06	Gunshot Wound	14	Animal	22	Power Equipment/Machinery
07	Farm/Heavy Equipment Incident	15	Drowning	*	Unknown
08	Motorcycle Crash	16	Off Road Vehicle		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED ARRIVAL DATE – MONTH

Data Field Name: EDA\_DM

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Date – Month – The month the patient arrived at the ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the date the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the date the patient was admitted to your facility. Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ED ARRIVAL DATE - DAY

Data Field Name: EDA\_DD

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Date – Day – The day the patient arrived at the ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the date the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the date the patient was admitted to your facility. Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – ED ARRIVAL DATE – YEAR

Data Field Name: EDA\_DY

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

ED Arrival Date – Year – The year the patient arrived at the ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the date the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the date the patient was admitted to your facility. Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – ED ARRIVAL TIME – HOUR

Data Field Name: EDA\_TH

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Time – Hour – The hour the patient arrived at the ED or was directly admitted to the hospital

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED ARRIVAL TIME – HOUR CONTINUED

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the date the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the date the patient was admitted to your facility. Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – ED ARRIVAL TIME – MINUTE

Data Field Name: EDA\_TM

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Arrival Time – Minute – The minute the patient arrived at the ED or was directly admitted to the hospital

### INSTRUCTIONS

If the patient **was not** a direct admit, enter the date the patient arrived at your ED. This information should be taken from your ED log system or ED documentation. If the patient **was** a direct admit (i.e., Direct Admit 'Y'), enter the date the patient was admitted to your facility. Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ED DISPOSITION DATE – MONTH

Data Field Name: EDD\_DM

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition Date – Month – The month of the patient's disposition from the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – ED DISPOSITION DATE – DAY

Data Field Name: EDD\_DD

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition Date – Day – The day of the patient's disposition from the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED DISPOSITION DATE – YEAR

Data Field Name: EDD\_DY

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition Date – Year – The year of the patient's disposition from the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – ED DISPOSITION TIME – HOUR

Data Field Name: EDD\_TH

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition Time – Hour – The hour of the patient's disposition from the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – ED DISPOSITION TIME – MINUTE

Data Field Name: EDD\_TM

Window Location: This Facility - ED/Admit

F4.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition Time – Minute – The minute of the patient's disposition from the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ED DISPOSITION

Data Field Name: EDD\_DISP

Window Location: This Facility - ED/Admit

F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition – Location of the patient following treatment in the ED

### INSTRUCTIONS

Enter the appropriate option. Do not leave blank. Selection of Options of "02" for OR or "99" for Other, requires additional answers in following fields.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED DISPOSITION CONTINUED

### OPTIONS

08	Admitted to Burn Unit	06	Admitted to PICU	22	Morgue/Died
09	Admit to Floor Bed	07	Admitted to SICU	02	OR
17	Admitted to CCU	23	AMA	21	Transfer to Other Hospital
03	Admitted to ICU	24	Correctional Facility	98	Unspecified
04	Admitted to MICU	00	Dead on Arrival	99	Other
18	Admitted to NCCU	20	Discharged Home	*	Unknown
05	Admitted to NICU	16	Monitored Telemetry Bed		

## EMERGENCY DEPARTMENT – ED DISPOSITION – IF OTHER

Data Field Name: ED\_DISP-O

Window Location: This Facility - ED/Admit F4.1

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

ED Disposition – If Other –Text field in which to record additional ED Disposition information if needed

### INSTRUCTIONS

Use direct keyboard entry. Answer this only if “99” Other is selected for “Emergency Department – ED Disposition” field above.

## EMERGENCY DEPARTMENT – OR DISPOSITION

Data Field Name: OR\_DISP

Window Location: This Facility - ED/Admit F4.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

ED Disposition – Location of the patient following treatment in the OR

### INSTRUCTIONS

Enter the appropriate option. This field becomes required only if “02” OR is selected for “Emergency Department – ED Disposition” field above.

### OPTIONS

08	Admitted to Burn Unit	06	Admitted to PICU	22	Morgue/Died
09	Admit to Floor Bed	07	Admitted to SICU	02	OR
17	Admitted to CCU	23	AMA	21	Transferred to Other Hospital
03	Admitted to ICU	24	Correctional Facility	98	Unspecified
04	Admitted to MICU	00	Dead on Arrival	99	Other
18	Admitted to NCCU	20	Discharged Home	*	Unknown
05	Admitted to NICU	16	Monitored Telemetry Bed		

## EMERGENCY DEPARTMENT – OR DISPOSITION – IF OTHER

Data Field Name: OR\_DISP\_O

Window Location: This Facility - ED/Admit F4.1

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

OR Disposition – If Other –Text field in which to record additional OR Disposition information if needed

### INSTRUCTIONS

Use direct keyboard entry. This field becomes required only if “02” OR is selected for “Emergency Department – ED Disposition” field and “99” Other is selected for “Emergency Department - OR Disposition” above.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ASSESSMENT DATE – MONTH

Data Field Name: E1\_DM

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Date – Month – The month the Emergency Department provider personnel conducted a medical assessment of the patient

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – ASSESSMENT DATE – DAY

Data Field Name: E1\_DD

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Date – Day – The day the Emergency Department provider personnel conducted a medical assessment of the patient

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## EMERGENCY DEPARTMENT – ASSESSMENT DATE – YEAR

Data Field Name: E1\_DY

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Assessment Date – Year – The year the Emergency Department provider personnel conducted a medical assessment of the patient

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

## EMERGENCY DEPARTMENT – ASSESSMENT TIME – HOUR

Data Field Name: E1\_TH

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Time – Hour – The hour the Emergency Department provider personnel conducted a medical assessment of the patient

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ASSESSMENT TIME – HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Inappropriate  
Unknown

## EMERGENCY DEPARTMENT – ASSESSMENT TIME – MINUTE

Data Field Name: E1\_TM

Window Location: This Facility - ED/Admit F4.2

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Assessment Time – Minute – The minute the Emergency Department provider personnel conducted a medical assessment of the patient

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Inappropriate  
Unknown

## EMERGENCY DEPARTMENT – PARALYTIC AGENTS IN EFFECT

Data Field Name: E1\_PAR

Window Location: This Facility - ED/Admit F4.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Paralytic Agents in Effect – Administration of paralytic agents to patient

### INSTRUCTIONS

Answer the following question: Have paralytic agents been administered to the patient in the ED? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## EMERGENCY DEPARTMENT – SEDATED

Data Field Name: E1\_SED

Window Location: This Facility - ED/Admit F4.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Sedated – Administration of drugs to the patient for the purpose of sedation

### INSTRUCTIONS

Answer the following question: Have drugs been administered in the ED to the patient for sedation? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## EMERGENCY DEPARTMENT – INTUBATED

Data Field Name: E1\_INT

Window Location: This Facility - ED/Admit F4.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

Intubated – Intubation of patient to provide a patent and protected airway

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – INTUBATED CONTINUED

### INSTRUCTIONS

Answer the following question: Has the patient been intubated to provide an airway in ED? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## EMERGENCY DEPARTMENT – BAGGING OR VENTILATOR

Data Field Name: E1\_BAG

Window Location: This Facility - ED/Admit F4.2

State Required: No

Type of Field: Yes/No

Length: 2

### DEFINITIONS

Bagging or Ventilator – Bagging of patient or placement of patient on a ventilator in order to provide respiratory assistance

### INSTRUCTIONS

Answer the following question: Has the patient been bagged or placed on a ventilator in the ED to provide respiratory assistance? Enter the appropriate option.

### OPTIONS

1	Yes	/	Inappropriate
2	No	*	Unknown

## EMERGENCY DEPARTMENT – SYSTOLIC BLOOD PRESSURE

Data Field Name: E1\_SBP

Window Location: This Facility - ED/Admit F4.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Systolic Blood Pressure – Maximum blood pressure occurring during contraction of ventricles

### INSTRUCTIONS

Enter the patient's initial systolic blood pressure upon arrival in the ED. Use direct keyboard entry.

### OPTIONS

0-300

/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – DIASTOLIC BLOOD PRESSURE

Data Field Name: E1\_DBP

Window Location: This Facility - ED/Admit F4.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Diastolic Blood Pressure – Period of least blood pressure in the arterial vascular system

### INSTRUCTIONS

Enter the patient's initial diastolic blood pressure upon arrival in the ED. Use direct keyboard entry.

### OPTIONS

0-200

/	Inappropriate
*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – HEART RATE

Data Field Name: E1\_HR

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Heart Rate – Rate of the pulse palpated in beats per minute

### INSTRUCTIONS

Enter the patient's initial radial or apical pulse upon arrival in the ED. Do not use the cardiac monitor rate. Use direct keyboard entry.

### OPTIONS

0-250

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – UNASSISTED RESPIRATORY RATE

Data Field Name: E1\_RR

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Unassisted Respiratory Rate – The act of breathing measured in spontaneous unassisted breaths per minute without the use of mechanical devices

### INSTRUCTIONS

Enter the patient's actual respiratory rate upon arrival in the ED. Use direct keyboard entry.

### OPTIONS

0-99

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – O<sub>2</sub> ADMINISTERED

Data Field Name: E1\_FIO2

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Yes/No

Length: 1

### DEFINITIONS

O<sub>2</sub> Administered – Administration of oxygen to the patient to improve oxygenation

### INSTRUCTIONS

Answer the following question: Has oxygen been administered to the patient in the ED to improve oxygenation? Enter the appropriate option.

### OPTIONS

1 Yes / Inappropriate  
2 No \* Unknown

## EMERGENCY DEPARTMENT – O<sub>2</sub> SATURATION

Data Field Name: E1\_SAO2

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

O<sub>2</sub> Saturation – Percentage level of oxygen saturation measured

### INSTRUCTIONS

Enter the patient's initial O<sub>2</sub> saturation reading upon arrival in the ED. Use direct keyboard entry.

### OPTIONS

0-99

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – HEMATOCRIT

Data Field Name: E1\_HEMOCR

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Hematocrit – Volume percentage of erythrocytes in whole blood with a normal range for males of 45 % -52 % and for females 37 % -48 %

### INSTRUCTIONS

Enter the patient's initial hematocrit value from the first facility the patient received care for this injury. Use direct keyboard entry.

### OPTIONS

0-80

## EMERGENCY DEPARTMENT – HEMOGLOBIN

Data Field Name: E1\_HEMOGL

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 3

### DEFINITIONS

Hemoglobin – The iron-containing pigment of red blood cells that carries oxygen from the lungs to the tissues.

### INSTRUCTIONS

Enter the patient's initial hemoglobin value from this facility at which this patient received care for this injury. Hemoglobin values may now be entered with two places before and one place after (xx.x). Use direct keyboard entry.

### OPTIONS

0.1-99.9

## EMERGENCY DEPARTMENT – BASE DEFICIT

Data Field Name: E1\_BASE

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Signed Integer

Length: 3

### DEFINITIONS

Base Deficit – Arterial blood gas component showing the degree of acid/base balance with a normal range being + /- 2 mEq/L

### INSTRUCTIONS

Enter the patient's base deficit from the first arterial blood gas obtained at your facility. Use direct keyboard entry. If your facility does not perform base deficit use '/' inappropriate for this field.

### OPTIONS

+/- 80

## EMERGENCY DEPARTMENT – TEMPERATURE

Data Field Name: E1\_TEMP

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Fixed-1

Length: 5

### DEFINITIONS

Temperature – Degree of heat in a living body

### INSTRUCTIONS

Enter the patient's initial recorded temperature in either Fahrenheit or Celsius degrees. Use direct keyboard entry.

### OPTIONS

0-110 (Fahrenheit or Celsius)

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TEMPERATURE UNITS

Data Field Name: E1\_TEMPU

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Temperature Units – Measurement unit used to record the patient's temperature

### INSTRUCTIONS

Enter the method used to record the patient's heat measurement unit in either Fahrenheit or Celsius degrees. Enter the appropriate option.

### OPTIONS

1	F	*	Unknown
2	C		

## EMERGENCY DEPARTMENT – TEMPERATURE ROUTE

Data Field Name: E1\_TEMPR

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Temperature Route – Method used to measure the patient's temperature

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

3	Axillary	6	Other	*	Unknown
5	Foley	4	Rectal		
2	Oral	1	Tympanic		

## EMERGENCY DEPARTMENT – WEIGHT

Data Field Name: E1\_WGT

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Fixed 1

Length: 5

### DEFINITIONS

Weight – Patient's initial recorded weight

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

Weight

## EMERGENCY DEPARTMENT – WEIGHT UNITS

Data Field Name: E1\_WGTU

Window Location: This Facility - ED/Admit

F4.2

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Weight Units – Measurement unit used to record the patient's weight

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Pounds	*	Unknown
2	Kilos		



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – GCS – EYE OPENING

Data Field Name: E1\_GCS\_EO

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Eye Opening –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
To pain	To pain	To pain	2
To voice	To voice	To voice	3
Spontaneous	Spontaneous	Spontaneous	4

### INSTRUCTIONS

Enter the initial best eye opening score for the patient upon arrival in the ED. Enter the appropriate option.

### OPTIONS

1	None	3	To Voice	*	Unknown
2	To Pain	4	Spontaneous		

## EMERGENCY DEPARTMENT – GCS – VERBAL RESPONSE

Data Field Name: E1\_GCS\_VR

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Verbal Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Incomprehensible sounds	Incomprehensible words	Moans to pain	2
Inappropriate words	Inappropriate cries	Cries to pain	3
Confused	Confused	Irritable cries	4
Oriented	Oriented	Coos, babbles	5

### INSTRUCTIONS

Enter the initial best verbal score for the patient upon arrival in the ED. Enter the appropriate option.

### OPTIONS

1	None	4	Confused
2	Incomprehensible Sounds	5	Oriented
3	Inappropriate Words	*	Unknown

## EMERGENCY DEPARTMENT – GCS – MOTOR RESPONSE

Data Field Name: E1\_GCS\_MR

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

GCS (Glasgow Coma Scale) – Motor Response –

ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
None	None	None	1
Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
Localizes pain	Localizes painful stimulus	Withdraws to touch	5
Obeys commands	Obeys commands	Moves spontaneously	6

### INSTRUCTIONS

Enter the initial best motor response score for this patient upon arrival in the ED. Enter the appropriate option.

### OPTIONS

1	None	5	Localizes Pain
2	Abnormal Extension	6	Obeys Commands
3	Abnormal Flexion	*	Unknown
4	Withdraws to Pain		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – GCS – TOTAL

Data Field Name: E1\_GCS\_TT

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

GCS (Glasgow Coma Scale) – Total – The total of the patient's Eye opening, Verbal response, and Motor response scores

	ADULT	CHILD 2-5 years	INFANT 0-23 months	SCORE
Eye Opening:	None	None	None	1
	To pain	To pain	To pain	2
	To voice	To voice	To voice	3
	Spontaneous	Spontaneous	Spontaneous	4
Verbal Response:	None	None	None	1
	Incomprehensible sounds	Incomprehensible words	Moans to pain	2
	Inappropriate words	Inappropriate cries	Cries to pain	3
	Confused	Confused	Irritable cries	4
	Oriented	Oriented	Coos, babbles	5
Motor Response:	None	None	None	1
	Abnormal extension	Extension in response to pain	Decerebrate posturing in response to pain	2
	Abnormal flexion	Flexion in response to pain	Decorticate posturing in response to pain	3
	Withdraws to pain	Withdraws in response to pain	Withdraws in response to pain	4
	Localizes pain	Localizes painful stimulus	Withdraws to touch	5
	Obeys commands	Obeys commands	Moves spontaneously	6

**Total GCS = Eye Opening Score + Verbal Response Score + Motor Response Score (Ranges between 3 and 15)**

### INSTRUCTIONS

The total GCS Score for the patient recorded in the ED will be computed by the program after all the GCS components are entered.

## EMERGENCY DEPARTMENT – RTS (WEIGHTED)

Data Field Name: E1\_RTS\_W

Window Location: This Facility - ED/Admit

F4.2

State Required: Yes

Type of Field: Fixed-2

Length: 4

### DEFINITIONS

Weighted RTS – Based on the values of the Glasgow Coma Scale, systolic blood pressure and respiratory rate. Raw values used for triage. Coded values are weighted and summed for outcome evaluation. Raw values (displayed):

Glasgow Coma Scale total points:

13-15	= 4
9-12	= 3
6-8	= 2
4-5	= 1
3	= 0

Respiratory Rate - # respirations in one minute

10-29	= 4
> 29	= 3
6-9	= 2
1-5	= 1
0	= 0

Systolic Blood Pressure – Maximum blood pressure occurring during contraction of ventricles

> 89	= 4
76-89	= 3
50-75	= 2
1-49	= 1
0	= 0

**Weighted RTS = 0.9368 \* (Glasgow Coma value) + 0.7326 \* (Systolic BP value) + 0.2908 \* (Respiratory Rate value)**

### INSTRUCTIONS

The Weighted RTS is automatically calculated by the program after the GCS score, respiratory rate, and systolic blood pressure are entered. If one of these parameters is unknown, the RTS cannot be calculated.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ETOH/BAC TEST

Data Field Name: ETOH\_TEST

Window Location: This Facility - ED/Admit

F4.3

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

ETOH/BAC Test – Measurement of ethyl alcohol in the bloodstream from a sample of serum obtained for laboratory examination

### INSTRUCTIONS

Answer the following question: Was an ETOH/BAC test performed on the patient? Enter the appropriate option.

### OPTIONS

5	Not Tested	2	Yes, Positive Results
6	Patient refused	4	Yes, Unknown Results
1	Suspected	*	Unknown
3	Yes, Negative Results		

## EMERGENCY DEPARTMENT – ETOH/BAC TEST RESULTS

Data Field Name: ETOH\_RES

Window Location: This Facility - ED/Admit

F4.3

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

ETOH/BAC Test Results– Measurement of ethyl alcohol in the bloodstream from a sample of serum obtained for laboratory examination with units: mg/dl with a range of 0-700

### INSTRUCTIONS

Enter the patient's first ethyl alcohol level obtained. Use direct keyboard entry.

### OPTIONS

Ethyl alcohol level

/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – DRUG SCREEN

Data Field Name: DRUG\_TEST

Window Location: This Facility - ED/Admit

F4.3

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Drug Screen – Laboratory test used to detect the presence of drugs in the patient's blood or urine

### INSTRUCTIONS

Answer the following question: Was a drug screen performed on the patient? Enter the appropriate option.

### OPTIONS

5	Not Tested	2	Yes, Positive Results
6	Patient refused	4	Yes, Unknown Results
1	Suspected	*	Unknown
3	Yes, Negative Results		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – DRUG SCREEN RESULT

Data Field Name: DRUG\_R01, DRUG\_R02, DRUG\_R03, DRUG\_R04, DRUG\_R05, DRUG\_R06, DRUG\_R07, DRUG\_R08, DRUG\_R09, DRUG\_R10

Window Location: This Facility - ED/Admit

F4.3

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Drug Screen Result – Measurement of various drug components in the blood stream from a sample of serum obtained for laboratory examination

### INSTRUCTIONS

Enter the drugs present when drug screening was performed in the ED. Do not include drugs given to the patient during any phase of resuscitation. Enter the appropriate option.

### OPTIONS

01	Amphetamines	08	PCP
02	Barbiturates	09	Tricyclic Antidepressants
03	Benzodiazepines	10	Unspecified
04	Cocaine	12	Other
05	Ethyl Alcohol	*	Unknown
06	Marijuana Derivatives		
07	Opiates		

## EMERGENCY DEPARTMENT – DRUG SCREEN RESULT – OTHER

Data Field Name: DRUG\_RO

Window Location: This Facility - ED/Admit

F4.3

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

Drug Screen Result –Text field in which to record additional Emergency Department – Drug Screen Result information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## EMERGENCY DEPARTMENT –ABDOMINAL CT RESULTS

Data Field Name: E1\_ABD\_CT

Window Location: This Facility - ED/Admit

F4.4

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Abdominal CT Results – The results from the patient's initial Abdominal CT Scan upon arrival in the ED

Abdomen – Portion of the body which lies between the chest and the pelvis

CT Scan – Computerized Axial Tomography – A diagnostic procedure that utilizes a computer to analyze x-ray data

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Unknown – Unknown would indicate that results were examined but inconclusive to either a positive finding or negative finding.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Negative	3	Not Performed
2	Positive	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT –ABDOMINAL CT DATE – MONTH

Data Field Name: E1\_A1\_DM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal CT Date – Month – The month the abdominal CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT –ABDOMINAL CT DATE – DAY

Data Field Name: E1\_A1\_DD

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal CT Date – Day – The day the abdominal CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT –ABDOMINAL CT DATE – YEAR

Data Field Name: E1\_A1\_DY

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Abdominal CT Date – Year – The year the abdominal CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT –ABDOMINAL CT TIME – HOUR

Data Field Name: E1\_A1\_TH

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal CT Time – Hour – The hour the abdominal CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT– ABDOMINAL CT TIME – MINUTE

Data Field Name: E1\_A1\_TM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal CT Time – Minute – The minute the abdominal CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND RESULTS

Data Field Name: E1\_ABD\_UT

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Abdominal Ultrasound Results – The results from the patient's initial Abdominal Ultrasound upon arrival at the ED

Abdomen – Portion of the body between the chest and the pelvis

Ultrasound – The diagnostic use of ultrasonic waves directed for imaging of internal body structures and the detection of bodily abnormalities

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Indeterminate – Indicates that results were examined but inconclusive to either a positive finding or negative finding.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1 Negative

2 Positive

3 Indeterminate

4

\*

Not Performed

Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND DATE – MONTH

Data Field Name: E1\_A2\_DM

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal Ultrasound Date – Month – The month the abdominal ultrasound was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND DATE – DAY

Data Field Name: E1\_A2\_DD

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal Ultrasound Date – Day – The day the abdominal ultrasound was performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]
* Unknown

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND DATE – YEAR

Data Field Name: E1\_A2\_DY

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Abdominal Ultrasound Date – Year – The year the abdominal ultrasound was performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]
* Unknown

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND TIME – HOUR

Data Field Name: E1\_A2\_TH

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Abdominal Ultrasound Time – Hour – The hour the abdominal ultrasound was performed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND TIME – HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## EMERGENCY DEPARTMENT – ABDOMINAL ULTRASOUND TIME – MINUTE

Data Field Name: E1\_A2\_TM  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Abdominal Ultrasound Time – Minute – The minute the abdominal ultrasound was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM RESULTS

Data Field Name: E1\_AOR\_GR  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 1

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Results – The results from the patient's initial Aortogram/Arteriogram/Angiogram upon arrival at the ED

Aortogram – X-ray film of the aortic arch after the injection of a dye

Arteriogram – X-ray film of the arteries after the injection of a dye

Angiogram – Serial reentgenography of a blood vessel taken in rapid sequence following the injection of a radiopaque substance into the vessel

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Unknown – Unknown would indicate that results were examined but inconclusive to either a positive finding or negative finding.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Negative	3	Not Performed
2	Positive	*	Unknown

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM DATE – MONTH

Data Field Name: E1\_A3\_DM  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Date – Month – The month the aortogram, arteriogram, or angiogram was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM DATE – MONTH CONTINUED

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM DATE – DAY

Data Field Name: E1\_A3\_DD  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Date – Day – The day the aortogram, arteriogram, or angiogram was performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM DATE – YEAR

Data Field Name: E1\_A3\_DY  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Date – Year – The year the aortogram, arteriogram, or angiogram was performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ ANGIOGRAM TIME – HOUR

Data Field Name: E1\_A3\_TH  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Time – Hour – The hour the aortogram, arteriogram, or angiogram was performed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – AORTOGRAM/ARTERIOGRAM/ANGIOGRAM TIME – MINUTE

Data Field Name: E1\_A3\_TM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Aortogram/Arteriogram/Angiogram Time – Minute – The minute the aortogram, arteriogram, or angiogram was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – CHEST CT RESULTS

Data Field Name: E1\_CHE\_CT

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Chest CT Results – The results from the patient's initial Chest CT Scan upon arrival at the ED

Chest – Portion of the body which lies between the head and the abdomen

CT Scan (Computerized Axial Tomography) – A diagnostic procedure that utilizes a computer to analyze x-ray data

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Unknown – Unknown would indicate that results were examined but inconclusive to either a positive finding or negative finding.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1 Negative

2 Positive

3 Not Performed

\* Unknown

## EMERGENCY DEPARTMENT – CHEST CT DATE – MONTH

Data Field Name: E1\_C\_DM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Chest CT Date – Month – The month the chest CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
----	---------	----	-----	----	-----------

02	February	06	June	10	October
----	----------	----	------	----	---------

03	March	07	July	11	November
----	-------	----	------	----	----------

04	April	08	August	12	December
----	-------	----	--------	----	----------

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – CHEST CT DATE – DAY

Data Field Name: E1\_C\_DD  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Chest CT Date – Day – The day the chest CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
\* Unknown

## EMERGENCY DEPARTMENT – CHEST CT DATE –YEAR

Data Field Name: E1\_C\_DY  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Chest CT Date – Year – The year the chest CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

## EMERGENCY DEPARTMENT – CHEST CT TIME – HOUR

Data Field Name: E1\_C\_TH  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Chest CT Time – Hour – The hour the chest CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## EMERGENCY DEPARTMENT – CHEST CT TIME – MINUTE

Data Field Name: E1\_C\_TM  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Chest CT Time – Minute – The minute the chest CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – CHEST CT TIME – MINUTE CONTINUED

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – HEAD CT RESULTS

Data Field Name: E1\_HE\_CT

Window Location: This Facility - ED/Admit

F4.4

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Head Ct Results – The results from the patient's initial Head CT Scan upon arrival at the ED

Head – Portion of the body which contains the brain and organs of sight, smell, hearing, and taste

CT Scan (Computerized Axial Tomography) – A diagnostic procedure that utilizes a computer to analyze x-ray data

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Unknown – Unknown would indicate that results were examined but inconclusive to either a positive finding or negative finding.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Negative	3	Not Performed
2	Positive	*	Unknown

## EMERGENCY DEPARTMENT – HEAD CT DATE – MONTH

Data Field Name: E1\_H\_DM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Head CT Date – Month – The month the Head CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – HEAD CT DATE – DAY

Data Field Name: E1\_H\_DM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Head CT Date – Day – The day the Head CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – HEAD CT DATE – YEAR

Data Field Name: E1\_H\_DY  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Head CT Date – Year – The year the Head CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
\* Unknown

## EMERGENCY DEPARTMENT – HEAD CT TIME – HOUR

Data Field Name: E1\_H\_TH  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Head CT Time – Hour – The hour the Head CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## EMERGENCY DEPARTMENT – HEAD CT TIME – MINUTE

Data Field Name: E1\_H\_TM  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Head CT Time – Minute – The minute the Head CT was performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE RESULTS

Data Field Name: E1\_PER\_LV  
Window Location: This Facility - ED/Admit F4.4  
State Required: No  
Type of Field: Integer  
Length: 1

### DEFINITIONS

Peritoneal Lavage Results – The results from the first peritoneal lavage done in your facility

Peritoneal Lavage – Washing out of the peritoneal cavity

Peritoneal Cavity – Region bordered by parietal layer of the peritoneum containing all the abdominal organs exclusive of the kidneys.

Negative – A negative finding means that the diagnostic study resulted with unremarkable findings (i.e. normal).

Positive – A positive finding means that an abnormality or injury was detected during the diagnostic study that would likely (but not always) require treatment. There can be a positive result but no action taken to treat it except leave it alone.

Indeterminate – Indicates that results were examined but inconclusive to either a positive finding or negative finding.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE RESULTS CONTINUED

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- |   |               |
|---|---------------|
| 1 | Negative      |
| 2 | Positive      |
| 3 | Indeterminate |
| 4 | Unsuccessful  |
| 5 | Not Performed |
| * | Unknown       |

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE DATE – MONTH

Data Field Name: E1\_P\_DM

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Peritoneal Lavage Date – Month – The month the peritoneal lavage was completed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

- |    |          |    |        |    |           |
|----|----------|----|--------|----|-----------|
| 01 | January  | 05 | May    | 09 | September |
| 02 | February | 06 | June   | 10 | October   |
| 03 | March    | 07 | July   | 11 | November  |
| 04 | April    | 08 | August | 12 | December  |
| *  | Unknown  |    |        |    |           |

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE DATE – DAY

Data Field Name: E1\_P\_DD

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Peritoneal Lavage Date – Day – The day the peritoneal lavage was completed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

- |                    |
|--------------------|
| 01 through 31 [dd] |
| * Unknown          |

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE DATE – YEAR

Data Field Name: E1\_P\_DY

Window Location: This Facility - ED/Admit F4.4

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Peritoneal Lavage Date – Year – The year the peritoneal lavage was completed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

- |                          |
|--------------------------|
| 1980 through 2099 [yyyy] |
| * Unknown                |

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE TIME – HOUR

Data Field Name: E1\_P\_TH

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Peritoneal Lavage Time – Hour – The hour the peritoneal lavage was completed

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – PERITONEAL LAVAGE TIME – MINUTE

Data Field Name: E1\_P\_TM

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Peritoneal Lavage Time – Minute – The minute the peritoneal lavage was completed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – AIRWAY

Data Field Name: E1\_AIR

Window Location: This Facility - ED/Admit

F4.4

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Airway – A device or procedure used to prevent or correct obstructed respiratory passage

### INSTRUCTIONS

Enter the most invasive airway adjunct to assist the patient used in your ED. Enter the appropriate option.

### OPTIONS

01	Assisted by Bag and Mask	12	Non-Rebreather Mask Oxygen
11	Blow By	00	No Intervention
09	Combi Tube	05	Oral Airway
02	Cricothyrotomy	06	Oral Endotracheal Tube
03	Esophageal Obturator Airway	07	Oxygen Mask
08	LMA	14	Tracheostomy
13	Nasal Cannula Oxygen	15	Unspecified
04	Nasal Endotracheal Tube	16	Unsuccessful
10	Nasal Pharyngeal Airway	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – CPR

Data Field Name: E1\_CPR

Window Location: This Facility - ED/Admit

F4.4

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

CPR (Cardiopulmonary Resuscitation) – Procedure for revival after lack of heart beat or respirations.

### INSTRUCTIONS

Answer the following question: Has CPR been performed on the patient? Enter the appropriate option.

### OPTIONS

1	CPR done En route	0	No Intervention
2	CPR done at the scene	*	Unknown
3	CPR done at scene and En route		

## EMERGENCY DEPARTMENT – CONSULTING SERVICE

Data Field Name: E1\_CONS\_01 TO E1\_CONS\_10

Window Location: This Facility - ED/Admit

F4.5

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Consulting Service – Medical service who gives advice regarding treatment of the patient based on area of practice

### INSTRUCTIONS

Enter the appropriate option(s). You may select up to 10 consulting services.

### OPTIONS

01	Allergy/Immunology	12	Internal Medicine	22	Plastic Surgery
02	Anesthesiology	13	Medical Genetics	23	Pulmonary
03	Burn Care Specialist	35	Neurology	24	Radiology
04	Cardiology	14	Neurosurgery	25	Renal
05	Colon Rectal Surgery	15	Nuclear Medicine	26	Thoracic Surgery
06	Dermatology	16	OB/GYN	27	Trauma Surgery
07	Ear, Nose and Throat Specialist	33	OMFS	28	Urology
08	Emergency Medicine	17	Ophthalmology	29	Vascular Surgery
09	Family Practice	18	Orthopedics	30	Other
10	General Surgery	19	Otolaryngology	/	Not Applicable
11	Hand-Ortho Surgery	20	Pediatrics	*	Unknown
36	Infectious Disease	21	Physical Medicine/Rehab		

## EMERGENCY DEPARTMENT – CONSULTING PHYSICIAN ID

Data Field Name: E1\_CO1\_ID to E1\_CO2\_ID

Window Location: This Facility - ED/Admit

F4.5

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Consulting Physician – Enter your facility's identifying code for the Consulting Physician

### INSTRUCTIONS

You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – CONSULTING SERVICE DATE – MONTH

Data Field Name: E1\_C01\_DM TO E1\_C10\_DM

Window Location: This Facility - ED/Admit F4.5

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Consulting Service Date – Month – The month the consulting service performed the evaluation on the patient

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – CONSULTING SERVICE DATE – DAY

Data Field Name: E1\_C01\_DD TO C10\_DD

Window Location: This Facility - ED/Admit F4.5

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Consulting Service Date – Day – The day the consulting service performed the evaluation on the patient

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – CONSULTING SERVICE DATE – YEAR

Data Field Name: E1\_C01\_DY TO E1\_C10\_DY

Window Location: This Facility - ED/Admit F4.5

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Consulting Service Date – Year – The year the consulting service performed the evaluation on the patient

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – CONSULTING SERVICE TIME – HOUR

Data Field Name: E1\_C01\_TH TO E1\_C10\_TH

Window Location: This Facility - ED/Admit F4.5

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Consulting Service Time – Hour – The hour the consulting service performed the evaluation on the patient

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – CONSULTING SERVICE TIME – HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
\* Unknown

## EMERGENCY DEPARTMENT – CONSULTING SERVICE TIME – MINUTE

Data Field Name: E1\_C01\_TM TO E1\_C10\_TM  
Window Location: This Facility - ED/Admit F4.5  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Consulting Service Time – Minute – The minute the consulting service performed the evaluation on the patient

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN

Data Field Name: ED91\_ID  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 6

### DEFINITIONS

Emergency Physician – Physician who specializes in care for persons requiring immediate medical attention

### INSTRUCTIONS

Enter your facility's identifying code for the Emergency Physician. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN – IF OTHER

Data Field Name: ED91\_ID\_O  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Text  
Length: 50

### DEFINITIONS

Emergency Physician – If Other –Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED DATE – MONTH

Data Field Name: ED91\_C\_DM  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Emergency Physician Called Date – Month – The month the Emergency Physician was called by ED personnel

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED DATE – MONTH CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED DATE – DAY

Data Field Name: ED91\_C\_DD

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Called Date – Day – The day the Emergency Physician was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED DATE – YEAR

Data Field Name: ED91\_C\_DY

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Emergency Physician Called Date – Year – The year the Emergency Physician was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED TIME – HOUR

Data Field Name: ED91\_C\_TH

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Called Time – Hour – The hour the Emergency Physician was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN CALLED TIME – MINUTE

Data Field Name: ED91\_C\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Called Time – Minute – The minute the Emergency Physician was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED DATE – MONTH

Data Field Name: ED91\_R\_DM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Responded Date – Month – The month the Emergency Physician responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED DATE – DAY

Data Field Name: ED91\_R\_DD

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Responded Date – Day – The day the Emergency Physician responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED DATE – YEAR

Data Field Name: ED91\_R\_DY

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Emergency Physician Responded Date – Year – The year the Emergency Physician responded to the initial call by ED personnel

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED DATE – YEAR CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED TIME – HOUR

Data Field Name: ED91\_R\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Responded Time – Hour – The hour the Emergency Physician responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN RESPONDED TIME – MINUTE

Data Field Name: ED91\_R\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Responded Time – Minute – The minute the Emergency Physician responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED DATE – MONTH

Data Field Name: ED91\_A\_DM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Arrived Date – Month – The month the Emergency Physician arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED DATE – DAY

Data Field Name: ED91\_A\_DD

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Arrived Date – Day – The day the Emergency Physician arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED DATE – YEAR

Data Field Name: ED91\_A\_DY

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Emergency Physician Arrived Date – Year – The year the Emergency Physician arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED TIME – HOUR

Data Field Name: ED91\_A\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Arrived Time – Hour – The hour the Emergency Physician arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED TIME – MINUTE

Data Field Name: ED91\_A\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Emergency Physician Arrived Time – Minute – The minute the Emergency Physician arrived in the ED

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN ARRIVED TIME – MINUTE CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – EMERGENCY PHYSICIAN – TIMELY RESPONSE

Data Field Name: ED91\_TR

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Emergency Physician – Timely Response – The physical presence of the emergency physician in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Emergency Physician respond to the call to see the patient in a timely manner?

### OPTIONS

1 Yes

2 No

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON

Data Field Name: ED92\_ID

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Trauma Surgeon – fourth year surgical resident or attending

### INSTRUCTIONS

Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – TRAUMA SURGEON – IF OTHER

Data Field Name: ED92\_ID\_O

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Trauma Surgeon – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED DATE – MONTH

Data Field Name: ED92\_C\_DM  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Trauma Surgeon Called Date – Month – The month the trauma surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED DATE – DAY

Data Field Name: ED92\_C\_DD  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Trauma Surgeon Called Date – Day – The day the trauma surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED DATE – YEAR

Data Field Name: ED92\_C\_DY  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Trauma Surgeon Called Date – Year – The year the trauma surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED TIME – HOUR

Data Field Name: ED92\_C\_TH  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Trauma Surgeon Called Time – Hour – The hour the Trauma Surgeon was called by ED personnel



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED TIME – HOUR CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON CALLED TIME – MINUTE

Data Field Name: ED92\_C\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Called Time – Minute – The minute the trauma surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON RESPONDED DATE – MONTH

Data Field Name: ED92\_R\_DM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Responded Date – Month – The month the Trauma Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON RESPONDED DATE – DAY

Data Field Name: ED92\_R\_DD

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Responded Date – Day – The day the Trauma Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA SURGEON RESPONDED DATE – YEAR

Data Field Name: ED92\_R\_DY

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Trauma Surgeon Responded Date – Year – The year the Trauma Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON RESPONDED TIME – HOUR

Data Field Name: ED92\_R\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Responded Time – Hour – The hour the Trauma Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON RESPONDED TIME – MINUTE

Data Field Name: ED92\_R\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Responded Time – Minute – The minute the Trauma Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED DATE – MONTH

Data Field Name: ED92\_A\_DM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Arrived Date – Month – The month the Trauma Surgeon arrived in the ED

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED DATE – MONTH CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED DATE – DAY

Data Field Name: ED92\_A\_DD

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Arrived Date – Day – The day the Trauma Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED DATE – YEAR

Data Field Name: ED92\_A\_DY

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Trauma Surgeon Arrived Date – Year – The year the Trauma Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED TIME – HOUR

Data Field Name: ED92\_A\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Arrived Time – Hour – The hour the Trauma Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TRAUMA SURGEON ARRIVED TIME – MINUTE

Data Field Name: ED92\_A\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Trauma Surgeon Arrived Time – Minute – The minute the Trauma Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TRAUMA SURGEON – TIMELY RESPONSE

Data Field Name: ED92\_TR

Window Location: This Facility - ED/Admit

F4.6

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Trauma Surgeon Timely Response – The physical presence of the trauma surgeon in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Trauma Surgeon respond to the call to see the patient in a timely manner? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON

Data Field Name: ED93\_ID

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Neurosurgeon – Attending neurosurgeon or "surgeon" who has special competence as judged by the chief of neurosurgery

### INSTRUCTIONS

Enter your facility's identifying code for the Neurosurgeon. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – NEUROSURGEON – IF OTHER

Data Field Name: ED93\_ID\_O

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Emergency Physician – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED DATE – MONTH

Data Field Name: ED93\_C\_DM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Called Date – The month – The month the Neurosurgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED DATE – DAY

Data Field Name: ED93\_C\_DD

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Called Date – Day – The day the Neurosurgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31	[dd]
/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED DATE – YEAR

Data Field Name: ED93\_C\_DY

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Neurosurgeon Called Date – Year – The year the Neurosurgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099	[yyyy]
/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED TIME – HOUR

Data Field Name: ED93\_C\_TH

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Called Time – Hour – The hour the Neurosurgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED TIME – HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON CALLED TIME – MINUTE

Data Field Name: ED93\_C\_TH  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Called Time – Minute – The minute the Neurosurgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON RESPONDED DATE – MONTH

Data Field Name: ED93\_R\_DM  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Responded Date – Month – The month the Neurosurgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – NEUROSURGEON RESPONDED DATE – DAY

Data Field Name: ED93\_R\_DD  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Responded Date – Day – The day the Neurosurgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – NEUROSURGEON RESPONDED DATE – YEAR

Data Field Name: ED93\_R\_DY  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Neurosurgeon Responded Date – Year – The year the Neurosurgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON RESPONDED TIME – HOUR

Data Field Name: ED93\_R\_TH  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Responded Time – Hour – The hour the Neurosurgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON RESPONDED TIME – MINUTE

Data Field Name: ED93\_R\_TM  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Responded Time – Minute – The minute the Neurosurgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED DATE – MONTH

Data Field Name: ED93\_A\_DM  
Window Location: This Facility - ED/Admit F4.6  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Neurosurgeon Arrived Date – Month – The month the Neurosurgeon arrived in the ED

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED DATE – MONTH CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED DATE – DAY

Data Field Name: ED93\_A\_DD

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Arrived Date – Day – The day the Neurosurgeon arrived in the ED

### INSTRUCTIONS

Enter the day the Neurosurgeon arrived in the ED using the [dd] format..

### OPTIONS

01 through 31	[dd]
/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED DATE – YEAR

Data Field Name: ED93\_A\_DY

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Neurosurgeon Arrived Date – Year – The year the Neurosurgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099	[yyyy]
/	Inappropriate
*	Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED TIME – HOUR

Data Field Name: ED93\_A\_TH

Window Location: This Facility - ED/Admit F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Arrived Time – Hour – The hour the Neurosurgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00	(12 o'clock a.m.) through 23	(11 o'clock p.m.)	[hh]
/	Inappropriate		
*	Unknown		



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – NEUROSURGEON ARRIVED TIME – MINUTE

Data Field Name: ED93\_A\_TM

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Neurosurgeon Arrived Time – Minute – The minute the Neurosurgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – NEUROSURGEON – TIMELY RESPONSE

Data Field Name: ED93\_TR

Window Location: This Facility - ED/Admit

F4.6

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Neurosurgeon – Timely Response – The physical presence of the neurosurgeon in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Neurosurgeon respond to the call to see the patient in a timely manner? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON

Data Field Name: ED94\_ID

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Orthopedic Surgeon – Surgeon who specializes in the correction of skeletal deformities

### INSTRUCTIONS

Enter your facility's identifying code for the Orthopedic Surgeon. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON – IF OTHER

Data Field Name: ED94\_ID\_O

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Orthopedic Surgeon – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED DATE – MONTH

Data Field Name: ED94\_C\_DM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Called Date – Month – The month the Orthopedic Surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED DATE – DAY

Data Field Name: ED94\_C\_DD

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Called Date – Day – The day the Orthopedic Surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED DATE – YEAR

Data Field Name: ED94\_C\_DY

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Orthopedic Surgeon Called Date – Year – The year the Orthopedic Surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED TIME – HOUR

Data Field Name: ED94\_C\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Called Time – Hour – The hour the Orthopedic Surgeon was called by ED personnel

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED TIME – HOUR CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON CALLED TIME - MINUTE

Data Field Name: ED94\_C\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Called Time – Minute – The minute the Orthopedic Surgeon was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON RESPONDED DATE – MONTH

Data Field Name: ED94\_R\_DM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Responded Date – Month – The month the Orthopedic Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON RESPONDED DATE – DAY

Data Field Name: ED94\_R\_DD

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Responded Date – Day – The day the Orthopedic Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON RESPONDED DATE – YEAR

Data Field Name: ED94\_R\_DY  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Orthopedic Surgeon Responded Date – Year – The year the Orthopedic Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON RESPONDED TIME – HOUR

Data Field Name: ED94\_R\_TH  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Orthopedic Surgeon Responded Time – Hour – The hour the Orthopedic Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON RESPONDED TIME – MINUTE

Data Field Name: ED94\_R\_TM  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Orthopedic Surgeon Responded Time – Minute – The minute the Orthopedic Surgeon responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED DATE – MONTH

Data Field Name: ED94\_A\_DM  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED DATE – MONTH CONTINUED

### DEFINITIONS

Orthopedic Surgeon Arrived Date – Month – The month the Orthopedic Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED DATE – DAY

Data Field Name: ED94\_A\_DD  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Orthopedic Surgeon Arrived Date – Day – The day the Orthopedic Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED DATE – YEAR

Data Field Name: ED94\_A\_DY  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Orthopedic Surgeon Arrived Date – Year – The year the Orthopedic Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED TIME – HOUR

Data Field Name: ED94\_A\_TH  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Orthopedic Surgeon Arrived Time – Hour – The hour the Orthopedic Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVEDTIME - HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON ARRIVED TIME – MINUTE

Data Field Name: ED94\_A\_TM

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Orthopedic Surgeon Arrived Time – Minute – The minute the Orthopedic Surgeon arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ORTHOPEDIC SURGEON – TIMELY RESPONSE

Data Field Name: ED94\_TR

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Timely Response – The physical presence of the orthopedic surgeon in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Orthopedic Surgeon respond to the call to see the patient in a timely manner? Enter the appropriate option.

### OPTIONS

1 Yes  
2 No  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST

Data Field Name: ED95\_ID

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Anesthesiologist – Physician specializing in the induction of anesthesia agents necessary for patient treatment

### INSTRUCTIONS

Enter your facility's identifying code for the Anesthesiologist. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST – IF OTHER

Data Field Name: ED95\_ID\_O

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Anesthesiologist – If Other – Text field in which to record additional demographic information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST CALLED DATE – MONTH

Data Field Name: ED95\_C\_DM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Called Date – Month – The month the Anesthesiologist was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST CALLED DATE – DAY

Data Field Name: ED95\_C\_DD

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Called Date – Day – The day the Anesthesiologist was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST CALLED DATE – YEAR

Data Field Name: ED95\_C\_DY

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Anesthesiologist Called Date – Year – The year the Anesthesiologist was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy] / Inappropriate \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST CALLED TIME – HOUR

Data Field Name: ED95\_C\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Called Time – Hour – The hour the Anesthesiologist was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST CALLED TIME - MINUTE

Data Field Name: ED95\_C\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Called Time – Minute – The minute the Anesthesiologist was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED DATE – MONTH

Data Field Name: ED95\_R\_DM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Responded Date – Month – The month the Anesthesiologist responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED DATE – DAY

Data Field Name: ED95\_R\_DD

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Responded Date – Day – The day the Anesthesiologist responded to the initial call by ED personnel



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED DATE – DAY CONTINUED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED DATE – YEAR

Data Field Name: ED95\_R\_DY

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Anesthesiologist Responded Date – Year – The year the Anesthesiologist responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED TIME – HOUR

Data Field Name: ED95\_R\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Responded Time – Hour – The hour the Anesthesiologist responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

**00** (12 o'clock a.m.) through **23** (11 o'clock p.m.) [hh]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED TIME – MINUTE

Data Field Name: ED95\_R\_TM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Responded Time – Minute – The minute the Anesthesiologist responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST RESPONDED TIME – MINUTE CONTINUED

### OPTIONS

00 through 59 [mm]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST ARRIVED DATE – MONTH

Data Field Name: ED95\_A\_DM  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Anesthesiologist Arrived Date – Month – The month the Anesthesiologist arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST ARRIVED DATE – DAY

Data Field Name: ED95\_A\_DD  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Anesthesiologist Arrived Date – Day – The day the Anesthesiologist arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST ARRIVED DATE – YEAR

Data Field Name: ED95\_A\_DY  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Anesthesiologist Arrived Date – Year – The year the Anesthesiologist arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST ARRIVED TIME – HOUR

Data Field Name: ED95\_A\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Arrived Time – Hour – The hour the Anesthesiologist arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST ARRIVED TIME – MINUTE

Data Field Name: ED95\_A\_TM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Anesthesiologist Arrived Time – Minute – The minute the Anesthesiologist arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ANESTHESIOLOGIST – TIMELY RESPONSE

Data Field Name: ED95\_TR

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Anesthesiologist – Timely Response – The physical presence of the anesthesiologist in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Anesthesiologist respond to the call to see the patient in a timely manner? Enter the appropriate option.

### OPTIONS

1 Yes

2 No

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT

Data Field Name: ED96\_ID

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 6

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CONTINUED

### DEFINITIONS

Surgical Chief Resident – Surgical medical resident in charge of care of the patient

### INSTRUCTIONS

Enter your facility's identifying code for the Surgical Chief Resident. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT – IF OTHER

Data Field Name: ED96\_ID\_O

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Surgical Chief Resident – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CALLED DATE – MONTH

Data Field Name: ED96\_C\_DM

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Called Date – Month – The month the Surgical Chief Resident was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CALLED DATE – DAY

Data Field Name: ED96\_C\_DD

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Called Date – Day – The day the Surgical Chief Resident was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CALLED DATE – YEAR

Data Field Name: ED96\_C\_DY

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Surgical Chief Resident Called Date – Year – The year the Surgical Chief Resident was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CALLED TIME – HOUR

Data Field Name: ED96\_C\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Called Time – Hour – The hour the Surgical Chief Resident was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT CALLED TIME - MINUTE

Data Field Name: ED96\_C\_TM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Called Time – Minute – The minute the Surgical Chief Resident was called by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED DATE – MONTH

Data Field Name: ED96\_R\_DM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED DATE – MONTH CONTINUED

### DEFINITIONS

Surgical Chief Resident Responded Date – Month – The month the Surgical Chief Resident responded to the initial call by ED personnel.

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]  
\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED DATE -DAY

Data Field Name: ED96\_R\_DD  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Surgical Chief Resident Responded Date – Day – The day the Surgical Chief Resident responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED DATE – YEAR

Data Field Name: ED96\_R\_DY  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

Surgical Chief Resident Responded Date – Year – The year the Surgical Chief Resident responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED TIME – HOUR

Data Field Name: ED96\_R\_TH  
Window Location: This Facility - ED/Admit F4.7  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Surgical Chief Resident Responded Time – Hour – The hour the Surgical Chief Resident responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED TIME – HOUR CONTINUED

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT RESPONDED TIME – MINUTE

Data Field Name: ED96\_R\_TM

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Responded Time – Minute – The minute the Surgical Chief Resident responded to the initial call by ED personnel

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT SURGICAL CHIEF RESIDENT ARRIVED DATE – MONTH

Data Field Name: ED96\_A\_DM

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Arrived Date – Month – The month the Surgical Chief Resident arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT ARRIVED DATE – DAY

Data Field Name: ED96\_A\_DD

Window Location: This Facility - ED/Admit F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Arrived Date – Day – The day the Surgical Chief Resident arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT ARRIVED DATE – YEAR

Data Field Name: ED96\_A\_DY

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Surgical Chief Resident Arrived Date – Year – The year the Surgical Chief Resident arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT ARRIVED TIME – HOUR

Data Field Name: ED96\_A\_TH

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Arrived Time – Hour – The hour the Surgical Chief Resident arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT ARRIVED TIME – MINUTE

Data Field Name: ED96\_A\_TM

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Surgical Chief Resident Arrived Time – Minute – The minute the Surgical Chief Resident arrived in the ED

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT – TIMELY RESPONSE

Data Field Name: ED96\_TR

Window Location: This Facility - ED/Admit

F4.7

State Required: No

Type of Field: Integer

Length: 1



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – SURGICAL CHIEF RESIDENT – TIMELY RESPONSE CONTINUED

### DEFINITIONS

Surgical Chief Resident – Timely Response – The physical presence of the surgical chief resident in the Emergency Department within a short period of time, defined by the facility in the by-laws

### INSTRUCTIONS

Answer the following question: Did the Surgical Chief Resident respond to the call to see the patient in a timely manner? Enter the appropriate option.

### OPTIONS

1 Yes  
2 No  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – PRBC's

Data Field Name: ED\_RBC

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

ED – PRBC's – Red blood cells that have been separated from the plasma

### INSTRUCTIONS

Enter the number of units of Packed Red Blood Cells given to the patient in the ED in the first 24 hours after injury, including PRBC's given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Packed Red Blood Cells

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – FFP

Data Field Name: ED\_FFP

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

ED – FFP – Fluid portion of one unit of human blood that has been centrifuged, separated, and frozen solid within 6 hours of collection

### INSTRUCTIONS

Enter the number of units of fresh frozen plasma given to the patient in the ED in the first 24 hours after injury, including FFP given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Fresh Frozen Plasma

/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – ALBUMIN

Data Field Name: ED\_ALB

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

ED – Albumin – One of a group of simple proteins found in the blood

### INSTRUCTIONS

Enter the number of units of albumin given to the patient in the ED in the first 24 hours after injury, including albumin given at the referring facility. Use direct keyboard entry or enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED – ALBUMIN CONTINUED

### OPTIONS

Number of units of Albumin  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – WHOLE BLOOD

Data Field Name: ED\_WHL  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

ED – Whole Blood – The cell-containing fluid that carries electrolytes, hormones, vitamins, antibodies, heat, and oxygen to the tissues and takes away waste matter and carbon dioxide

Unit of Blood – Whole blood, packed red blood cells, auto-transfused or cell saver blood that does not include platelets, fresh frozen plasma, or cryoprecipitate with a volume of 300 cc for adults or approximately 100 cc for children

### INSTRUCTIONS

Enter the number of units of blood given to the patient in the ED in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Whole Blood  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – PLATELETS

Data Field Name: ED\_PLA  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

ED – Platelets – Round or oval disc, 2 to 4 micra in diameter, found in the blood of vertebrates

### INSTRUCTIONS

Enter the number of units of platelets given to the patient in the ED in the first 24 hours after injury, including platelets given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Platelets  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ED – CRYOPRECIPITATE

Data Field Name: ED\_CRY  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

ED – Cryoprecipitate – The precipitate formed when serum from patients with pathogenic immune complexes is stored at 4 degrees Celsius

### INSTRUCTIONS

Enter the number of units of cryoprecipitate given to the patient in the ED in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Cryoprecipitate  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ED – OTHER

Data Field Name: ED\_OTH

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

ED – Other – Any other fluid product given

### INSTRUCTIONS

Enter the number of units of other fluid products given to the patient in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of other fluid products

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – OR – PRBC's

Data Field Name: OR\_RBC

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

OR – PRBC's – Red blood cells that have been separated from the plasma

### INSTRUCTIONS

Enter the number of units of Packed Red Blood Cells given to the patient in the OR in the first 24 hours after injury, including PRBC's given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Packed Red Blood Cells

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – OR – FFP

Data Field Name: OR\_FFP

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

OR – FFP – Fluid portion of one unit of human blood that has been centrifuged, separated, and frozen solid within 6 hours of collection

### INSTRUCTIONS

Enter the number of units of fresh frozen plasma given to the patient in the OR in the first 24 hours after injury, including FFP given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Fresh Frozen Plasma

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – OR – ALBUMIN

Data Field Name: OR\_ALB

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

OR – Albumin – One of a group of simple proteins found in the blood

### INSTRUCTIONS

Enter the number of units of albumin given to the patient in the OR in the first 24 hours after injury, including albumin given at the referring facility. Use direct keyboard entry or enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – OR – ALBUMIN CONTINUED

### OPTIONS

Number of units of Albumin  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – OR – WHOLE BLOOD

Data Field Name: OR\_WHL  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

OR – Whole Blood  
Unit of Blood – Whole blood, packed red blood cells, auto-transfused or cell saver blood that does not include platelets, fresh frozen plasma, or cryoprecipitate with a volume of 300 cc for adults or approximately 100 cc for children.

### INSTRUCTIONS

Enter the number of units of blood given to the patient in the OR in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Whole Blood  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT - OR- PLATELETS

Data Field Name: OR\_PLA  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

OR – Platelets – Round or oval disc, 2 to 4 micra in diameter, found in the blood of vertebrates

### INSTRUCTIONS

Enter the number of units of blood given to the patient in the OR in the first 24 hours after injury, including platelets given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Platelets  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – OR – CRYOPRECIPITATE

Data Field Name: OR\_CRY  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

OR – Cryoprecipitate – The precipitate formed when serum from patients with pathogenic immune complexes is stored at 4 degrees Celsius

### INSTRUCTIONS

Enter the number of units of cryoprecipitate given to the patient in the OR in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Cryoprecipitate  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – OR – OTHER

Data Field Name: OR\_OTH

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

OR – Other – Any other fluid product given

### INSTRUCTIONS

Enter the number of units of other products given to the patient in the OR in the first 24 hours after injury, including other fluid products given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of other fluid products

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – PRBC'S

Data Field Name: EW\_RBC

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Elsewhere – PRBC's – Red blood cells that have been separated from the plasma

### INSTRUCTIONS

Enter the number of units of Packed Red Blood Cells given to the patient in other than the ED or OR in the first 24 hours after injury, including PRBC's given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Packed Red Blood Cells

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – FFP

Data Field Name: EW\_FFP

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Elsewhere – FFP – Fluid portion of one unit of human blood that has been centrifuged, separated, and frozen solid within 6 hours of collection

### INSTRUCTIONS

Enter the number of units of fresh frozen plasma given to the patient in other than the ED or OR in the first 24 hours after injury, including FFP given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Fresh Frozen Plasma

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – ALBUMIN

Data Field Name: EW\_ALB

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Elsewhere – Albumin – One of a group of simple proteins found in the blood

### INSTRUCTIONS

Enter the number of units of albumin given to the patient in other than the ED or OR in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ELSEWHERE – ALBUMIN CONTINUED

### OPTIONS

Number of units of Albumin  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – WHOLE BLOOD

Data Field Name: EW\_WHL  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Elsewhere – Whole Blood The cell-containing fluid that carries electrolytes, hormones, vitamins, antibodies, heat and oxygen to the tissues and takes away waste matter and carbon dioxide

Unit of Blood – Whole blood, packed red blood cells, auto-transfused or cell saver blood that does not include platelets, fresh frozen plasma, or cryoprecipitate with a volume of 300 cc for adults or approximately 100 cc for children

### INSTRUCTIONS

Enter the number of units of blood given to the patient in other than the ED or OR in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Whole Blood  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – PLATELETS

Data Field Name: EW\_PLA  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Elsewhere – Platelets – Round or oval disc, 2 to 4 micra in diameter, found in the blood of vertebrates

### INSTRUCTIONS

Enter the number of units of blood given to the patient in other than the ED or OR in the first 24 hours after injury, including platelets given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Platelets  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – ELSEWHERE – CRYOPRECIPITATE

Data Field Name: EW\_CRY  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Elsewhere – Cryoprecipitate – The precipitate formed when serum from patients with pathogenic immune complexes is stored at 4 degrees Celsius

### INSTRUCTIONS

Enter the number of units of cryoprecipitate given to the patient in other than the ED or OR in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Cryoprecipitate  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – ELSEWHERE – OTHER

Data Field Name: EW\_OTH

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Elsewhere – Other – Any other fluid product given

### INSTRUCTIONS

Enter the number of units of other products given to the patient in other than the ED or OR in the first 24 hours after injury, including other fluid products given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of other fluid products

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – PRBC'S

Data Field Name: TT\_RBC

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Total – PRBC's – Red blood cells that have been separated from the plasma

### INSTRUCTIONS

Enter the total number of units of Packed Red Blood Cells given to the patient in the first 24 hours after injury, including PRBC's given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Packed Red Blood Cells

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – FFP

Data Field Name: TT\_FFP

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Total – FFP – Fluid portion of one unit of human blood that has been centrifuged, separated, and frozen solid within 6 hours of collection

### INSTRUCTIONS

Enter the total number of units of fresh frozen plasma given to the patient in the first 24 hours after injury, including FFP given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Fresh Frozen Plasma

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – ALBUMIN

Data Field Name: TT\_ALB

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Total – Albumin - One of a group of simple proteins found in the blood

### INSTRUCTIONS

Enter the total number of units of albumin given to the patient in the first 24 hours after injury, including albumin given at the referring facility. Use direct keyboard entry or enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TOTAL – ALBUMIN CONTINUED

### OPTIONS

Number of units of Albumin  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – WHOLE BLOOD

Data Field Name: TT\_WHL  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Total – Whole Blood – The cell-containing fluid that carries electrolytes, hormones, vitamins, antibodies, heat and oxygen to the tissues and takes away waste matter and carbon dioxide

Unit of Blood – Whole blood, packed red blood cells, auto-transfused or cell saver blood that does not include platelets, fresh frozen plasma, or cryoprecipitate with a volume of 300 cc for adults or approximately 100 cc for children

### INSTRUCTIONS

Enter the total number of units of blood given to the patient in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Whole Blood  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – PLATELETS

Data Field Name: TT\_PLA  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Total – Platelets – Round or oval disc, 2 to 4 micra in diameter, found in the blood of vertebrates

### INSTRUCTIONS

Enter the total number of units of platelets given to the patient in the first 24 hours after injury, including blood given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Platelets  
/ Inappropriate  
\* Unknown

## EMERGENCY DEPARTMENT – TOTAL – CRYOPRECIPITATE

Data Field Name: TT\_CRY  
Window Location: This Facility - ED/Admit F4.8  
State Required: No  
Type of Field: Integer  
Length: 5

### DEFINITIONS

Total – Cryoprecipitate – The precipitate formed when serum from patients with pathogenic immune complexes is stored at 4 degrees Celsius

### INSTRUCTIONS

Enter the total number of units of cryoprecipitate given to the patient in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of Cryoprecipitate  
/ Inappropriate  
\* Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## EMERGENCY DEPARTMENT – TOTAL – OTHER

Data Field Name: TT\_OTH

Window Location: This Facility - ED/Admit

F4.8

State Required: No

Type of Field: Integer

Length: 5

### DEFINITIONS

Total – Other – Any other fluid product given

### INSTRUCTIONS

Enter the total number of units of other fluid products given to the patient in the first 24 hours after injury, including cryoprecipitate given at the referring facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Number of units of other fluid products

/ Inappropriate

\* Unknown

## EMERGENCY DEPARTMENT MEMO

Data Field Name: MEMO\_ED

Window Location: This Facility - ED/Admit

F4.9

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Emergency Department Memo – Text field in which to record additional Emergency Department information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROCEDURES

### PROCEDURE CODE

Data Field Name: PX\_01\_PR TO, PX\_88\_PR

Window Location: This Facility – Proc

F5.1

State Required: Yes

Type of Field: Float

Length: 5

### DEFINITIONS

Procedure code or P-Code – Code which provides a "...classification of a different mode of therapy, e.g. surgery, radiology, and laboratory procedures"

### INSTRUCTIONS

Enter a valid ICD-9-CM Procedure Code using direct keyboard entry or enter the appropriate option. In this latest version of the software the entry of a procedure code will now display the procedure code text in the adjacent text box. The Trauma Registry should contain procedure codes for treatments performed on the patient. The registry should also include procedure codes for major diagnostic procedures, such as those in OR, all endoscopies, all CAT Scans, angiographies, and X-rays procedures like "Greenfield." Another rule of thumb for including the procedure code is that the procedure was invasive. Routine chest X-rays, normal radiological tests and simple bone films are not routinely included in the procedure codes submitted.

### OPTIONS

ICD-9-CM Procedure Code

/ Inappropriate

\* Unknown

### PROCEDURE – VISIT NUMBER

Data Field Name: PX\_01\_VT TO PX\_88\_VT

Window Location: This Facility - Proc

F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Visit Number – Instance in which the mode of therapy took place

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Visit Number

/ Inappropriate

\* Unknown

### PROCEDURE – LOCATION

Data Field Name: PX\_01\_LC TO PX\_88\_LC

Window Location: This Facility - Proc

F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Location – Locale in which the mode of therapy took place

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

08	Burn Unit	13	Physical Medical Rehabilitation
17	CCU	06	PICU
01	ED	30	Pre-Hospital (NFS)
33	Enroute from referring facility	11	Radiology
03	ICU	32	Referring Facility
09	Med/Surg Floor	31	Scene/Enroute from scene
04	MICU	07	SICU
14	Minor Surgery Unit	10	Stepdown Unit
18	NCCU	15	Trauma Resuscitation Room
05	NICU	98	Unspecified
12	Nuclear Medicine	99	Other
02	OR	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROCEDURE – NOTIFIED DATE – MONTH

Data Field Name: PX\_01\_B\_DM TO PX\_88\_B\_DM

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Notified Date – Month – The month the procedure was scheduled

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## PROCEDURE – NOTIFIED DATE – DAY

Data Field Name: PX\_01\_B\_DD TO PX\_88\_B\_DD

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Notified Date – Day – The day the procedure was scheduled

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## PROCEDURE – NOTIFIED DATE – YEAR

Data Field Name: PX\_01\_B\_DY TO PX\_88\_B\_DY

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Notified Date – Year – The year the procedure was scheduled

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## PROCEDURE – NOTIFIED TIME – HOUR

Data Field Name: PX\_01\_B\_TH TO PX\_88\_B\_TH

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Notified Time – Hour – The hour the procedure was scheduled

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROCEDURE – NOTIFIED TIME – MINUTE

Data Field Name: PX\_01\_B\_TM TO PX\_88\_B\_TM

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Notified Time – Minute – The minute the procedure was scheduled

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## PROCEDURE – PERFORMED ON DATE – MONTH

Data Field Name: PX\_01\_DM TO PX\_88\_DM

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Performed on Date – Month – The month the procedure was actually performed

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December
*	Unknown				

## PROCEDURE – PERFORMED ON DATE – DAY

Data Field Name: PX\_01\_DD TO PX\_88\_DD

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Performed on Date – Day – The day the procedure was actually performed

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

\* Unknown

## PROCEDURE – PERFORMED ON DATE – YEAR

Data Field Name: PX\_01\_DY TO PX\_88\_DY

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

Performed on Date – Year – The year the procedure was actually performed

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROCEDURE – PERFORMED ON DATE – YEAR (Continued)

### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

## PROCEDURE – START TIME – HOUR

Data Field Name: PX\_01\_TH TO PX\_88\_TH

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Start Time – Hour – The hour the procedure was started

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## PROCEDURE – START TIME – MINUTE

Data Field Name: PX\_01\_TM TO PX\_88\_TM

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Start Time – Minute – The minute the procedure was started

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## PROCEDURE – STOP TIME – HOUR

Data Field Name: PX\_01\_S\_TH TO PX\_88\_S\_TH

Window Location: This Facility - Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Stop Time – Hour – The hour the procedure was stopped

### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

### OPTIONS

00 (12 o'clock a.m.) through 23 (11 o'clock p.m.) [hh]

\* Unknown

## PROCEDURE – STOP TIME – MINUTE

Data Field Name: PX\_01\_S\_TM TO PX\_88\_S\_TM

Window Location: This Facility – Proc F5.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Stop Time – Minute – The minute the procedure was stopped

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## PROCEDURE – STOP TIME – MINUTE (Continued)

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## PROCEDURE – PHYSICIAN ID

Data Field Name: PX\_01\_ID TO PX\_88\_ID

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Procedure – Classification of a different mode of therapy, e.g. surgery, radiology, and laboratory procedures

Physician ID – The physician or applicable facility personnel who is performing the procedure

### INSTRUCTIONS

Enter your facility's identifying code for the attending Physician. You may add as many codes and/or names as are applicable, but once entered, they cannot be deleted or changed. Use direct keyboard entry.

### OPTIONS

User defined

## PROCEDURES MEMO

Data Field Name: MEMO\_DFPR

Window Location: This Facility - Proc F5.1

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Procedures Memo – Text field in which to record additional Procedures information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DIAGNOSES

### INJURY DIAGNOSES

Data Field Name: INJ\_TXT

Window Location: Diagnoses

F6.1

State Required: Yes

Type of Field: Memo

Length: 1750

#### DEFINITIONS

International Classification of Diseases, Index to Diseases and Injuries.

Diagnoses codes or D Codes contain " terms referring to diseases (categories 001-799), injuries (categories 800-899, excluding poisonings by drugs and chemicals (categories 960-989), the Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (categories VOI-V82), and morphology of neoplasms (M codes).

#### INSTRUCTIONS

This is the only state-required data element in this section into which you will enter data. Other states-required elements auto-calculate based on the information in this data element. Using TRI-CODE guidelines, add complete information on all injury diagnoses. Five digit ICD-9 codes may be entered as well. Be as complete and comprehensive as possible.

#### OPTIONS

Refer to Collector guidelines for entry.

### INJURY SEVERITY SCORE (ISS)

Data Field Name: DISP\_ISS

Window Location: Diagnoses

F6.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Injury Severity Score (ISS) – The ISS is a sum of the squares of the highest AIS code in each of the three most severely injured ISS body regions. The six body regions of injury used in the ISS are: Head; Face; Chest; Abdominal or Pelvic contents; Extremities or Pelvic girdle; and External.

#### INSTRUCTIONS

The total ISS Score for the patient will be computed by the program after all the ICD9 components are entered.

### TRISS

Data Field Name: DISP\_TRISS

Window Location: Diagnoses

F6.1

State Required: Yes

Type of Field: Float

Length: 5

#### DEFINITIONS

Trauma Score/Injury Severity Score (TRISS) – A weighted score derived from age, physiological (Weighted RTS) and anatomical (ISS) measures of injury severity, and injury type, used to predict probability of survival.

#### INSTRUCTIONS

The total TRISS Score for the patient will be computed by the program after all the ICD9 components are entered.

### AIS VERSION

Data Field Name: AIS\_VER

Window Location: Diagnoses

F6.2

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

AIS – Abbreviated Injury Scale (AIS) – A consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from AIS 1 (minor) to AIS 6 (currently untreatable).

AIS Version - The Abbreviated Injury Scale version that the coding is based from

#### INSTRUCTIONS

The AIS version number will be computed by the program.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## ICD-9-CM DIAGNOSIS CODES

Data Field Name: ICD9\_01 to ICD9\_27

Window Location: Diagnoses

F6.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

International Classification of Diseases, Index to Diseases and Injuries.

Diagnoses codes or D Codes contain " terms referring to diseases (categories 001-799), injuries (categories 800-899, excluding poisonings by drugs and chemicals (categories 960-989), the Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (categories VOI-V82), and morphology of neoplasms (M codes).

### INSTRUCTIONS

The ICD-9-CM Diagnosis Codes will be computed by the program.

## AIS SEVERITY/BODY REGION CODE

Data Field Name: AIS9\_01 to AIS9\_27

Window Location: Diagnoses

F6.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

AIS – Abbreviated Injury Scale (AIS) – A consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from AIS 1 (minor) to AIS 6 (currently untreatable).

AIS Severity/Body Region Code - The Abbreviated Injury Scale Code section that identifies the body region of injury. These areas are comprised of Abdomen, Chest, Extremities, Face, Head/Neck, and Skin/Soft Tissue,

### INSTRUCTIONS

The AIS Severity/Body Region Code will be computed by the program after ICD-9 information is entered.

## PREDOT CODE AREA

Data Field Name: PREDOT9\_01, TO PREDOT9\_27

Window Location: Diagnoses

F6.2

State Required: Yes

Type of Field: Integer

Length: 6

### DEFINITIONS

AIS – Abbreviated Injury Scale (AIS) – A consensus derived, anatomically based system that classifies individual injuries by body region on a 6-point ordinal severity scale ranging from AIS 1 (minor) to AIS 6 (currently untreatable).

Predot Code Area - The Predot Code of the Abbreviated Injury Scale is a unique AIS specific code for each injury diagnosis

### INSTRUCTIONS

The Predot Code will be computed by the program after ICD9 information is entered.

## COMORBIDITY DIAGNOSIS

Data Field Name: COMORB\_01 TO COMORB\_15

Window Location: Diagnoses

F6.3

State Required: No

Type of Field: Text

Length: 6

### DEFINITIONS

Comorbidity Diagnosis – The code number assigned by the ACS Committee on Trauma to a comorbidity diagnosis factor

### INSTRUCTIONS

Enter the appropriate ICD-9 code.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## COMORBIDITY DIAGNOSIS – SPECIFY FURTHER

Data Field Name: COMORBX\_01 TO COMORBX\_15

Window Location: Diagnoses

F6.3

State Required: No

Type of Field: Text

Length: 100

### DEFINITIONS

Text field in which to record additional comorbidity diagnosis information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## OUTCOMES

### DISCHARGE DATE – MONTH

Data Field Name: DIS\_DM

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Discharge Date – Month – The month the patient was discharged from your facility

#### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

#### OPTIONS

01 through 12 [mm]

\* Unknown

### DISCHARGE DATE – DAY

Data Field Name: DIS\_DD

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Discharge Date – Day – The day the patient was discharged from your facility

#### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

#### OPTIONS

01 through 31 [dd]

\* Unknown

### DISCHARGE DATE – YEAR

Data Field Name: DIS\_DY

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 4

#### DEFINITIONS

Discharge Date – Year – The year the patient was discharged from your facility

#### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

#### OPTIONS

1980 through 2099 [yyyy]

\* Unknown

### DISCHARGE TIME – HOUR

Data Field Name: DIS\_TH

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 2

#### DEFINITIONS

Discharge Date – Hour – The hour the patient was discharged from your facility

#### INSTRUCTIONS

Enter the appropriate option using the [hh] format.

#### OPTIONS

**00** (12 o'clock a.m.) through **23** (11 o'clock p.m.) [hh]

\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISCHARGE TIME – MINUTE

Data Field Name: DIS\_TM

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Discharge Date – Minute – The minute the patient was discharged from your facility

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

00 through 59 [mm]

\* Unknown

## DISCHARGE SERVICE

Data Field Name: DIS\_SER

Window Location: Outcome

F7.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Discharge Service – The service that authorizes patient discharge from your facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

01	Allergy/Immunology	33	OMFS
02	Anesthesiology	17	Ophthalmology
03	Burn Care Specialist	18	Orthopedics
04	Cardiology	19	Otolaryngology
05	Colon Rectal Surgery	20	Pediatrics
06	Dermatology	21	Physical Medicine/Rehab
07	Ear, Nose and Throat Specialist	22	Plastic Surgery
08	Emergency Medicine	34	Psych
09	Family Practice	23	Pulmonary
10	General Surgery	24	Radiology
11	Hand-Ortho Surgery	25	Renal
36	Infectious Disease	26	Thoracic Surgery
12	Internal Medicine	27	Trauma Surgery
13	Medical Genetics	28	Urology
35	Neurology	29	Vascular Surgery
14	Neurosurgery	30	Other
15	Nuclear Medicine	*	Unknown
16	OB/GYN		

## DISCHARGE STATUS

Data Field Name: DIS\_STATUS

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Discharge Status – The patient's status upon discharge from your facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

6	Alive
7	Dead
*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DEATH LOCATION

Data Field Name: DIED\_LOC

Window Location: Outcome

F7.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Death Location – The location in which the patient died

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

08	Burn Unit	13	Physical Medical Rehabilitation
17	CCU	06	PICU
01	ED	30	Pre-Facility (NFS)
33	Enroute from Referring Facility	11	Radiology
03	ICU	32	Referring Facility
09	Med/Surg Floor	31	Scene/Enroute from Scene
04	MICU	07	SICU
14	Minor Surgery Unit	10	Stepdown Unit
18	NCCU	15	Trauma Resuscitation Room
05	NICU	99	Other
12	Nuclear Medicine	*	Unknown
02	OR		

## DISCHARGE TO

Data Field Name: DIS\_TO

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Discharged To – The place to which the patient was released when discharged from your facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

13	Against Medical Advice	10	Nursing Home
01	Dead on Arrival	07	Other Acute Care Hospital
02	Death in ED	11	Rehabilitation Center
03	Death in Hospital	08	Skilled Nursing Facility
04	Home	12	Specialty Hospital
05	Home with Health Care	14	Other
09	Jail or Prison	*	Unknown
06	Mental Health Facility		

## DISCHARGE TO – IF OTHER

Data Field Name: DIS\_TO\_O

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

Discharge To – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry. Fill in this field only if you have selected “14” Other in the “Discharge To” field above.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISCHARGE TO – FACILITY

Data Field Name: DIS\_F

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Al/Num

Length: 6

### DEFINITIONS

Discharge To – Facility – The facility to which the patient was transferred, if applicable

### INSTRUCTIONS

Enter the number of the facility to which the patient was transferred. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Facility number

I Inappropriate

\* Unknown

## DISCHARGE TO – FACILITY – IF OTHER

Data Field Name: DIS\_TO\_F\_O

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Text

Length: 50

### DEFINITIONS

Discharge To – Facility – If Other – Any other identifying facility not found in the available list of options to which the patient was discharged

### INSTRUCTIONS

Use direct keyboard entry. Fill in this field only if you have selected “880000” Other in the “Discharge To - Facility” field above.

## DISCHARGE TO – CITY

Data Field Name: DIS\_TO\_C

Window Location: Outcome

F7.1

State Required: No

Type of Field: Integer

Length: 7

### DEFINITIONS

Discharge To – City – The city in which the transfer facility is located

### INSTRUCTIONS

Enter the number of the city in which the transfer facility is located. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

City number

I Inappropriate

\* Unknown

## DISCHARGE TO – CITY – IF OTHER

Data Field Name: DIS\_TO\_C\_O

Window Location: Outcome

F7.1

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Discharge To – City – If Other – Any other identifying city not found in the available list of options to which the patient was discharged

### INSTRUCTIONS

Use direct keyboard entry



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISCHARGE TO – STATE

Data Field Name: DIS\_TO\_S

Window Location: Outcome

F7.1

State Required: No

Type of Field: Alphanumeric

Length: 2

### DEFINITIONS

Discharge To – State – The state in which the transfer facility is located

### INSTRUCTIONS

Enter the number of the state in which the transfer facility is located. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

State number

I Inappropriate

\* Unknown

## DISCHARGE TO – STATE – IF OTHER

Data Field Name: DIS\_TO\_S\_O

Window Location: Outcome

F7.1

State Required: No

Type of Field: Text

Length: 50

### DEFINITIONS

Discharged To – State – If Other – Text field in which to record additional information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## DISCHARGE TO – REASON

Data Field Name: DIS\_TO\_RS

Window Location: Outcome

F7.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Discharge To – Reason – The reason for patient discharge from your facility and transferred to another facility

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Medical	4	Other
2	Personal	*	Unknown
3	Financial		

## DISCHARGE TO – BY

Data Field Name: DIS\_TO\_BY

Window Location: Outcome

F7.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Discharge To – By – The authority responsible for the patient discharge

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1	Physician	4	Other
2	Patient	*	Unknown
3	Payor		

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## VENTILATOR DAYS

Data Field Name: VENT\_DAYS

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

Ventilator days – The number of days the patient spent on a ventilator in your facility

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Ventilator days

I Inappropriate

\* Unknown

## ICU DAYS

Data Field Name: ICU\_DAYS

Window Location: Outcome

F7.1

State Required: Yes

Type of Field: Integer

Length: 3

### DEFINITIONS

ICU days – The number of days the patient spent in the ICU in your facility

### INSTRUCTIONS

Use direct keyboard entry or enter the appropriate option.

### OPTIONS

ICU Days

I Inappropriate

\* Unknown

## DISABILITIES – PRE-INJURY – FEEDING

Data Field Name: P\_DIS\_F

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Feeding – Includes using suitable utensils to bring food to mouth, chewing, and swallowing once meal is appropriately prepared (Opening containers, cutting meat, buttering bread and pouring liquids are not included as they are often part of meal preparation)

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability prior to injury, using three components: Feeding, Ambulation (Independence), and Motor (Expression)

1 = Dependent – Total help required: Either performs less than half of feeding tasks, or does not eat or drink full meals by mouth and relies at least in part on other means of alimentation, such as parental or gastrostomy feedings

2 = Dependent – Partial help required: Performs half or more of feeding tasks but requires supervision (e.g., standby, cuing, or coaxing), setup (application of orthoses), or other help

3 = Independent with device: Uses an adaptive or assistive device such as a straw, fork, or rocking knife or requires more than a reasonable time to eat

4 = Independent: Eats from a dish and drinks from a cup or glass presented in the customary manner on table or tray.; uses ordinary knife, fork, and spoon

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1 Dependent – Total Help  
2 Dependent – Partial Help  
3 Independent with Device

4 Independent  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISABILITIES – PRE-INJURY – FEEDING – QUALIFIER

Data Field Name: P\_DIS\_FQ

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Feeding – Qualifier – Indication of whether the Self-feeding of FIM score was temporary, permanent or unknown

### INSTRUCTIONS

If self-feeding prior to injury was Independent, enter “Inappropriate.” Enter the appropriate option.

### OPTIONS

- |   |                                 |
|---|---------------------------------|
| 1 | Temporary – Likely To Improve   |
| 2 | Permanent – Unlikely To Improve |
| / | Inappropriate                   |
| * | Unknown                         |

## DISABILITIES – PRE-INJURY – AMBULATION

Data Field Name: P\_DIS\_L

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Ambulation (Independence): Includes walking once in a standing position or using a wheelchair once in a seated position indoors

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability prior to injury, using three components: Feeding, Ambulation (Independence), and Motor (Expression)

1 = Dependent – Total help required: Performs less than half of locomotion effort to go a minimum of 50 feet, or does not walk or wheel a minimum of 50 feet. Requires assistance of one or more persons

2 = Dependent – Partial help required: If walking, requires standby supervision, cuing, or coaxing to go a minimum of 150 feet, or walks independently only short distances (a minimum of 50 feet); If not walking, requires standby supervision, cuing, or coaxing to go a minimum of 150 feet in wheelchair, or operates manual or electric wheelchair independently only short distances ( a minimum of 50 feet)

3 = Independent with Device: Walks a minimum of 150 feet but uses a brace (orthosis) or prosthesis on leg, special adaptive shoes, cane, crutches, or walkerette, takes more than a reasonable time, or there are safety considerations; If not walking, operates manual or electric wheelchair independently for a minimum of 150 feet, turns around, maneuvers the chair to a table, bed, toilet, negotiates at least a 3 % grade, maneuvers on rugs and over door sills

4 = Independent: Walks a minimum of 150 feet without assistive devices; does not use a wheelchair; performs safely

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- |   |                          |
|---|--------------------------|
| 1 | Dependent – Total Help   |
| 2 | Dependent – Partial Help |
| 3 | Independent with Device  |
| 4 | Independent              |
| / | Inappropriate            |
| * | Unknown                  |

## DISABILITIES – PRE-INJURY – AMBULATION – QUALIFIER

Data Field Name: P\_DIS\_LQ

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Ambulation – Qualifier – Indication of whether the Self -Ambulation of FIM score was temporary, permanent or unknown.

### INSTRUCTIONS

If self-ambulation prior to injury was independent, enter “Inappropriate.” Enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISABILITIES – PRE-INJURY – AMBULATION – QUALIFIER CONTINUED

### OPTIONS

- |   |                                 |
|---|---------------------------------|
| 1 | Temporary – Likely To Improve   |
| 2 | Permanent – Unlikely To Improve |
| / | Inappropriate                   |
| * | Unknown                         |

## DISABILITIES – PRE-INJURY – COMMUNICATION

Data Field Name: P\_DIS\_E  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Communication (Expression): Includes clear expression of verbal or nonverbal language; expresses linguistic information verbally or graphically with appropriate and accurate meaning and grammar

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability prior to injury, using three components: Feeding, Locomotion (Independence), and Motor (Expression).

1 = Dependent – Total help required: Expresses basic needs and ideas less than half of the time; needs prompting more than half the time or

2 = Dependent – Partial help required: Expresses basic needs and ideas about everyday situations half (50 %) or more than half of the time; requires some prompting, but requires that prompting less than half (50%) of the time

3 = Independent with Device: Expresses complex or abstract ideas with mild difficulty; may require an augmentative communication device or system

4 = Independent: Expresses complex or abstract ideas intelligibly and fluently, verbally or nonverbally, including signing or writing

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- |   |                          |
|---|--------------------------|
| 1 | Dependent - Total Help   |
| 2 | Dependent - Partial Help |
| 3 | Independent with Device  |
| 4 | Independent              |
| / | Inappropriate            |
| * | Unknown                  |

## DISABILITIES – PRE-INJURY – COMMUNICATION – QUALIFIER

Data Field Name: P\_DIS\_EQ  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 1

### DEFINITIONS

Disabilities – Pre-Injury – Communication – Qualifier – Indication of whether the Self-Communication of FIM score was temporary, permanent or unknown

### INSTRUCTIONS

If self-communication prior to injury was independent, enter “Inappropriate.” Enter the appropriate option.

### OPTIONS

- |   |                                 |
|---|---------------------------------|
| 1 | Temporary - Likely To Improve   |
| 2 | Permanent - Unlikely To Improve |
| / | Inappropriate                   |
| * | Unknown                         |

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISABILITIES – PRE-INJURY – FIM SCORE

Data Field Name: P\_DIS\_TOT

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Disabilities – Pre-Injury – FIM score – Total of Pre-Injury Feeding, Ambulation, and Communication FIM scores

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability prior to injury, using three components: Feeding, Locomotion (Independence), and Motor (Expression)

### INSTRUCTIONS

Auto-calculated.

## DISABILITIES – AT DISCHARGE – FEEDING

Data Field Name: D\_DIS\_F

F7.2

Window Location: Outcome

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – At Discharge – Feeding: Includes using suitable utensils to bring food to mouth, chewing, and swallowing (once meal is appropriately prepared); Opening containers, cutting meat, buttering bread and pouring liquids are not included as they are often part of meal preparation

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability at discharge, using three components: Feeding, Locomotion (Independence), and Motor (Expression).

1 = Dependent – Total help required: Either performs less than half of feeding tasks, or does not eat or drink full meals by mouth and relies at least in part on other means of alimentation, such as parental or gastrostomy feedings

2 = Dependent – Partial help required: Performs half or more of feeding tasks but requires supervision (e.g., standby, cuing, or coaxing), setup (application of orthoses), or other help

3 = Independent with device: Uses an adaptive or assistive device such as a straw, fork, or rocking knife or requires more than a reasonable time to eat

4 = Independent: Eats from a dish and drinks from a cup or glass presented in the customary manner on table or tray. Uses ordinary knife, fork, and spoon

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Dependent – Total Help
- 2 Dependent – Partial Help
- 3 Independent with Device
- 4 Independent
- / Inappropriate
- \* Unknown

## DISABILITIES – AT DISCHARGE – FEEDING – QUALIFIER

Data Field Name: D\_DIS\_FQ

F7.2

Window Location: Outcome

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – At Discharge – Feeding – Qualifier – Indication of whether the Self-Feeding of FIM score is temporary, permanent or unknown.

### INSTRUCTIONS

If self-feeding at discharge was independent, enter “Inappropriate.” Enter the appropriate option.

### OPTIONS

- 1 Temporary – Likely To Improve
- 2 Permanent – Unlikely To Improve
- / Inappropriate
- \* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISABILITIES – AT DISCHARGE – AMBULATION

Data Field Name: D\_DIS\_L

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – At Discharge – Ambulation (Independence): Includes walking once in a standing position or using a wheelchair once in a seated position indoors

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability at discharge from an acute care facility, using three components: Feeding, Ambulation (Independence), and Motor (Expression)

1 = Dependent – Total help required: Performs less than half of locomotion effort to go a minimum of 50 feet, or does not walk or wheel a minimum of 50 feet. Requires assistance of one or more persons

2 = Dependent – Partial help required: If walking, requires standby supervision, cuing, or coaxing to go a minimum of 150 feet, or walks independently only short distances (a minimum of 50 feet); If not walking, requires standby supervision, cuing, or coaxing to go a minimum of 150 feet in wheelchair, or operates manual or electric wheelchair independently only short distances ( a minimum of 50 feet)

3 = Independent with Device: Walks a minimum of 150 feet but uses a brace (orthosis) or prosthesis on leg, special adaptive shoes, cane, crutches, or walkerette, takes more than a reasonable time, or there are safety considerations; If not walking, operates manual or electric wheelchair independently for a minimum of 150 feet, turns around, maneuvers the chair to a table, bed, toilet, negotiates at least a 3 % grade, maneuvers on rugs and over door sills

4 = Independent: Walks a minimum of 150 feet without assistive devices; does not use a wheelchair; performs safely

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Dependent – Total Help
- 2 Dependent – Partial Help
- 3 Independent with Device
- 4 Independent
- / Inappropriate
- \* Unknown

## DISABILITIES – AT DISCHARGE – AMBULATION – QUALIFIER

Data Field Name: D\_DIS\_LQ

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – At Discharge – Feeding – Qualifier – Indication of whether the Self –Ambulation of FIM score is temporary, permanent or unknown

### INSTRUCTIONS

If self-ambulation at discharge was independent, enter “Inappropriate.” Enter the appropriate option.

### OPTIONS

- 1 Temporary – Likely To Improve
- 2 Permanent – Unlikely To Improve
- / Inappropriate
- \* Unknown

## DISABILITIES – AT DISCHARGE – COMMUNICATION

Data Field Name: D\_DIS\_E

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Integer

Length: 1

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISABILITIES – AT DISCHARGE – COMMUNICATION CONTINUED

### DEFINITIONS

Disabilities – At Discharge – Communication (Expression): Includes clear expression of verbal or nonverbal language; expresses linguistic information verbally or graphically with appropriate and accurate meaning and grammar

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability at discharge from an acute care facility, using three components: Feeding, Locomotion (Independence), and Motor (Expression)

1 = Dependent – Total help required: Expresses basic needs and ideas less than half of the time; needs prompting more than half the time or

2 = Dependent – Partial help required: Expresses basic needs and ideas about everyday situations half (50 %) or more than half of the time; requires some prompting, but requires that prompting less than half (50%) of the time

3 = Independent with Device: Expresses complex or abstract ideas with mild difficulty; may require an augmentative communication device or system

4 = Independent: Expresses complex or abstract ideas intelligibly and fluently, verbally or nonverbally, including signing or writing

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Dependent – Total Help
- 2 Dependent – Partial Help
- 3 Independent with Device
- 4 Independent
- / Inappropriate
- \* Unknown

## DISABILITIES – AT DISCHARGE – COMMUNICATION – QUALIFIER

Data Field Name: D\_DIS\_EQ

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Integer

Length: 1

### DEFINITIONS

Disabilities – At Discharge – Communication – Qualifier – Indication of whether the Self –Communication of FIM score is temporary, permanent or unknown

### INSTRUCTIONS

If self-communication at discharge was independent, enter “Inappropriate.” Enter the appropriate option.

### OPTIONS

- 1 Temporary – Likely To Improve
- 2 Permanent – Unlikely To Improve
- / Not Applicable
- \* Unknown

## DISABILITIES – AT DISCHARGE – FIM SCORE

Data Field Name: D\_DIS\_TOT

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Integer

Length: 2

### DEFINITIONS

Disabilities – At Discharge – FIM score – Total of At Discharge Feeding, Ambulation, and Communication FIM scores

FIM (Functional Independence Measure) – A score calculated to derive a baseline of trauma patient disability at discharge from an acute care facility, using three components: Feeding, Locomotion (Independence), and Motor (Expression)

### INSTRUCTIONS

Auto-calculated.

## REHABILITATION POTENTIAL

Length: 1

\* Unknown

## CONDITION ON DISCHARGE

Length: 1

1	Good – Returned to previous level of function
2	Temporary Disability – Expected to return to previous level of function
3	Moderate Disability with Self-Care
4	Severe Disability – Dependent
5	Persistent Vegetative State
*	Unknown

## WAS ORGAN DONATION REQUESTED?

Length: 1

1	Yes
2	No
3	Unsuitable per Outside Agency
*	Unknown



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## WAS ORGAN DONATION REQUEST GRANTED?

Data Field Name: ORG\_APP\_YN

Window Location: Outcome

State Required: No

Type of Field: Yes/No

Length: 1

### INSTRUCTIONS

Answer the following question: In the case of patient death, did the patient's family grant the medical staff's request for donation of the patient's organs for use? Enter the appropriate option.

### OPTIONS

1	Yes	*	Unknown
2	No		

## ORGAN TISSUE DONATED

Data Field Name: ORG\_01 TO ORG\_10

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

Organ tissue donated – Type of organ tissue that was donated by the deceased patient

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

00	None	06	Kidney	12	Unsuitable
01	All	07	Liver	13	Not Documented
02	Multiple - NOS	08	Lung	/	Inappropriate
03	Bone	09	Skin	*	Unknown
04	Cornea	10	Pancreas		
05	Heart	11	Other		

## AUTOPSY PERFORMED?

Data Field Name: AUTOP\_YN

Window Location: Outcome

F7.2

State Required: Yes

Type of Field: Yes/No

Length: 1

### INSTRUCTIONS

Field required in 2004 reporting. Answer the following question: Did medical staff or the coroner's office perform an autopsy on the deceased patient? Enter the appropriate option.

### OPTIONS

1	Yes	3	Refused by Coroner
2	No	*	Unknown

## AUTOPSY REPORT NUMBER

Data Field Name: AUTOP\_NUM

Window Location: Outcome

State Required: No

Type of Field: Al/Num

Length: 15

### DEFINITIONS

Autopsy Report Number – The preprinted number on the autopsy report

### INSTRUCTIONS

Enter the preprinted number from the autopsy report form. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Autopsy Report Number  
I Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## DISCHARGE MEMO

Data Field Name: MEMO\_DIS  
Window Location: Outcome  
State Required: No  
Type of Field: Memo  
Length: 5000

### DEFINITIONS

Discharge Memo – Text field in which to record additional discharge information if needed

### INSTRUCTIONS

Use direct keyboard entry

## PRIMARY DRG

Data Field Name: DRG\_1  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 3

### DEFINITIONS

Primary DRG (Diagnosis Related Group Code) – A medical cost reimbursement method for the reimbursement of medical fees for a patient. Each DRG category is based on patient characteristics (e.g., age, sex), diagnosis, and medical procedures all of which are condensed into a single DRG that applies to a specific patient. Predetermined payment amounts are assigned to the categories

### INSTRUCTIONS

Enter the primary DRG. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Primary DRG  
\* Unknown

## ACCOUNT NUMBER

Data Field Name: FIN\_ACC  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 10

### DEFINITIONS

Account Number – Financial record number located in billing information on the patient

### INSTRUCTIONS

This field must be completed with a financial patient identifier. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Account number  
I Inappropriate  
\* Unknown

## PRIMARY PAYER

Data Field Name: PAY\_01  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Insurance – Health and medical policy carried to assist in payment of medical bills

### INSTRUCTIONS

Enter the patient's primary insurance company or source of payment. Use direct keyboard entry.

### OPTIONS

01	Auto	07	Self Pay
02	Commercial Insurance	10	Unspecified
04	Medicaid	06	Workers Compensation
03	Medicare	09	Other
08	Military	/	Inappropriate
05	Private Charity	*	Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## SECONDARY PAYER

Data Field Name: PAY\_02, PAY\_03, PAY\_04  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

Insurance – Health and medical policy carried to assist in payment of medical bills

### INSTRUCTIONS

Enter the patient's secondary insurance company or source of payment. Use direct keyboard entry.

### OPTIONS

01	Auto	07	Self Pay
02	Commercial Insurance	10	Unspecified
04	Medicaid	06	Workers Compensation
03	Medicare	09	Other
08	Military	/	Inappropriate
05	Private Charity	*	Unknown

## OTHER PAYER SOURCE

Data Field Name: PAY\_O  
Window Location: Outcome  
State Required: No  
Type of Field: Text  
Length: 50

### DEFINITIONS

Text field in which to record additional payer source information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## TOTAL FACILITY CHARGES

Data Field Name: H\_CHRG  
Window Location: Outcome F7.3  
State Required: Yes  
Type of Field: Integer  
Length: 9

### DEFINITIONS

Total Facility Cost – The total amount charged for this admission at the acute care facility, expressed in a dollar figure

### INSTRUCTIONS

Enter the patient's total facility charges rounded off to the nearest dollar. Enter dollar amount only up to 6 months after the patient's discharge from your facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Total Facility Charges  
\* Unknown

## TOTAL FACILITY COST

Data Field Name: H\_COST  
Window Location: Outcome  
State Required: No  
Type of Field: Integer  
Length: 9

### DEFINITIONS

Total Facility Cost – The total amount of cost the facility has underwritten for care of the patient

### INSTRUCTIONS

Enter the dollar amount that your facility has charged off of payment due for the patient's treatment. Enter dollar amount only up to 6 months after the patient's discharge from your facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Total Facility Cost  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## TOTAL FACILITY COLLECTION

Data Field Name: H\_COLL

Window Location: Outcome

F7.3

State Required: Yes

Type of Field: Integer

Length: 9

### DEFINITIONS

Facility Collection – The dollar amount that your facility has received for payment of the patient’s treatment

### INSTRUCTIONS

Enter the dollar amount that your facility has received for payment of the patient’s treatment. Enter dollar amount only up to 6 months after the patient's discharge from your facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Total Facility Collection

\* Unknown

## ACTUAL VARIABLE DIRECT COST

Data Field Name: H\_AVDC

Window Location: Outcome

State Required: No

Type of Field: Integer

Length: 9

### DEFINITIONS

Actual Variable Direct Cost – Total of variable direct costs charged to the patient’s account

### INSTRUCTIONS

Enter the dollar amount that your facility has charged to the patient’s account for these expenses. Enter dollar amount only up to 6 months after the patient's discharge from your facility. Use direct keyboard entry or enter the appropriate option.

### OPTIONS

Actual Variable Direct Cost

\* Unknown

## OUTCOME MEMO

Data Field Name: MEMO\_FIN

Window Location: Outcome

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Outcome Memo – Text field in which to record additional outcome information if needed

### INSTRUCTIONS

Use direct keyboard entry.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

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# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QUALITY ASSURANCE/QUALITY IMPROVEMENT

### NON-INJURY RELATED OCCURRENCE

Data Field Name: COMP\_1 to COMP\_30

Window Location: QA/QI

F8.1

State Required: Yes

Type of Field: Integer

Length: 4

### DEFINITIONS

Non-Injury Related Occurrence – An event that is an expected sequela of a disease, illness, or injury

Complication Occurrence – Individual numeric code assigned to complication occurrences listed in *1993 Resources for Optimal Care of the Injured Patient*

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1001	Aspiration	4003	Dehiscence/Evisceration
1002	Esophageal Intubation	4004	Enterotomy (Iatrogenic)
1003	Extubation, Unintentional	4005	Fistula
1004	Mainstem Intubation	4006	Hemorrhage (Lower GI)
1005	Unable to Intubate	4007	Hemorrhage (Upper GI)
1099	Other Airway	4008	Ileus
1501	Not Applicable Fluid Management	4009	Peritonitis
1502	Unable to Start an IV	4010	Small Bowel Obstruction (SBO)
1599	Other Fluid	4011	Ulcer (Duodenal/Gastric)
2001	No EMS Form	4099	Other GI
2002	Incomplete EMS Form	4501	Acalculous Cholecystitis
2003	Prehospital Delay	4502	Hepatitis
2098	Failure to Notify ED of Arrival	4503	Liver Failure
2099	Other Prehospital	4504	Pancreatic Fistula
3001	Abscess (Excludes Empyema)	4505	Pancreatitis
3002	Adult Respiratory Distress Syndrome (ARDS)	4506	Splenic Injury (Iatrogenic)
3003	Pneumonia (Aspiration)	4597	Hyperbilirubemia
3004	Atelectasis	4598	Cholestasis
3005	Empyema	4599	Other Hepatic/Biliary
3006	Fat Embolus	5001	Coagulopathy (Intraoperative)
3007	Hemothorax	5002	Coagulopathy (Other)
3008	Pneumonia (Infection)	5003	Disseminated Intravascular Coagulation (DIC)
3009	Pneumothorax (Barotrauma)	5004	Serum Sodium 160 (Iatrogenic)
3010	Pneumothorax (Iatrogenic)	5005	Transfusion Complication
3011	Pneumothorax (Recurrent)	5099	Other Hematologic
3012	Pneumothorax (Tension)	5501	Cellulitis/Traumatic Injury
3013	Pulmonary Edema	5502	Fungal Sepsis
3014	Pulmonary Embolus	5503	Intra-abdominal Abscess
3015	Respiratory Failure/Distress	5504	Line Infection
3016	Upper Airway Obstruction	5505	Necrotizing Fascitis
3017	Pleural Effusion	5506	Sepsis-like Syndrome
3018	Bronchitis	5507	Septicemia
3019	Emphysema	5508	Sinusitis
3020	Hypoxemia	5509	Wound Infection
3098	Ventilator Assoc Pneumonia (VAP)	5510	Yeast Infection
3099	Other Pulmonary	5597	Surgical Site Infection
3501	Arrhythmia	5598	Respiratory Infection
3502	Cardiac Arrest	5599	Other Infection
3503	Cardiogenic Shock	6001	Renal Failure
3504	Congestive Heart Failure (Iatrogenic)	6002	Ureteral Injury (Iatrogenic)
3505	Myocardial Infarction (MI)	6003	Urinary Tract Infection, Early (<72 hours)
3506	Pericarditis	6004	Urinary Tract Infection, Late
3507	Pericardial Effusion or Tamponade	6005	Urinary Tract Infection, Fungal
3508	Shock (NFS)	6006	Hematuria
3509	Shock (Anaphylactic)	6007	Acute Renal Insufficiency
3510	Shock (Hypovolemic)	6008	Chronic Renal Insufficiency
3511	Aortic Stenosis	6099	Other Renal/GU
3512	Anemia, Acute Blood Loss	6501	Compartmental Syndrome
3513	Hypotension	6502	Decubitus (Minor)
3599	Other Cardiovascular	6503	Decubitus (Blister)
4001	Anastomotic Leak	6504	Decubitus (Open Sore)
4002	Bowel Injury (Iatrogenic)	6505	Decubitus (Deep)

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## NON-INJURY RELATED OCCURRENCE CONTINUED

### OPTIONS CONTINUED

6506	Loss of Reduction/Fixation	7009	Seizure in Facility
6507	Nonunion	7010	Syndrome of Not Applicable Antidiuretic Hormone (SIADH)
6508	Osteomyelitis	7011	Stroke/CVA
6509	Orthopedic Wound Infection	7012	Ventriculitis (Postsurgical)
6510	Abscess - Other Wound	7098	Hygroma
6511	Dehiscence/ w/o Evisceration (Post-op)	7501	Anastomosis Hemorrhage
6512	Contracture - Volkman's Ischemic	7502	Deep Venous Thrombosis (Lower Extremity)
6599	Other Musculoskeletal/Integumentary	7503	Deep Venous Thrombosis (Upper Extremity)
7001	Alcohol Withdrawal	7504	Embolus (Non-pulmonary)
7002	Anoxic Encephalopathy	7505	Gangrene
7003	Brain Death	7506	Graft Infection
7004	Diabetes Insipidus	7507	Thrombosis
7005	Meningitis	7508	Acute Arterial Occlusion
7006	Neuropraxia (Iatrogenic)	7599	Other Vascular
7007	Nonoperative Subdural/Epidural Hematoma	/	Inappropriate
7008	Progression of Original Neurologic Insult	*	Unknown

## PERFORMANCE IMPROVEMENT

Data Field Name: COMP\_31 to COMP\_40  
Window Location: QA/QI F8.1  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

This is the standard set of performance indicators , as defined by the American College of Surgeons (ACS), for certain events resulting from care given by the prehospital, personnel, technicians, nurses, or physicians leading to delays or errors in technique, judgment, treatment, or communication. Individual numeric codes assigned to occurrences as defined in the ACS TRACS data dictionary.

### INSTRUCTIONS

Enter the appropriate performance improvement indicator.

### OPTIONS

9800	ACSAF1 - Missing EMS Report
9801	ACSAF2 - GCS < 14, No Head CT
9802	ACSAF3 - GCS <= 8, no Endotracheal Tube or Surgical Airway
9803	ACSAF4 - Nonoperative RX of Gunshot Wound to the Abdomen
9804	ACSAF5A - No Laparotomy <=1 Hour, Abdominal Injuries, and Systolic BP < 90
9805	ACSAF5B - Laparotomy after 4 Hours
9806	ACSAF6 - Craniotomy after 4 Hours, with Epid or Subd, Excluding ICP Monitoring
9807	ACSAF7 - Initial RX > 8 Hours of Open Tibia FX, Excluding Low Velocity GSW
9808	ACSAF8 - Abdominal, Thoracic, Vascular, or Cranial Surgery after 24 Hours
9809	ACSAF9 - Admit by Nonsurgeon
9810	ACSFA1 - Ambulance Scene Time > 20 Minutes
9811	ACSFA2 - Absent Hourly Charting
9812	ACSFA3 - Transfer after 6 Hours in the Initial Hospital
9813	ACSFA4 - Reintubation within 48 Hours of Extubation
9814	ACSAF10 - Nonfixation of Femoral Disphyseal Fracture in Adult
9815	ACSAF12 - Trauma Death
9901	ACS991 - Compliance with Guidelines, Protocols, and Pathways
9902	ACS992 - Appropriateness of Pre-hospital and ED Triage
9903	ACS993 - Delay in Assessment, Diagnosis, Technique, or Treatment
9904	ACS994 - Error in Judgement, Communication, or Treatment
9905	ACS995 - Appropriateness and Legibility of Documentation
9906	ACS996 - Timeliness and Availability of X-ray Reports
9907	ACS997 - Timely Participation of Sub-Specialists
9908	ACS998 - Availability of Operating Room - Acute and Subacute
9909	ACS999 - Timeliness of Rehabilitation
9910	ACS9910 - Professional Behavior
9911	ACS9911 - Availability of Family Services
9912	ACS9912 - Insurance Carrier Denials
9913	ACS9913 - Consistency of Outpatient Follow-Up
9914	ACS9914 - Patient Satisfaction
9800	ACSAF1 - Missing EMS Report
9801	ACSAF2 - GCS < 14, No Head CT

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## USER-DEFINED PERFORMANCE INDICATORS

Data Field Name: USER\_01 TO USER\_20

Window Location: QA/QI F8.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

User Defined Performance Indicator – Any facility defined event resulting from care given by the prehospital personnel, technicians, nurses, or physicians leading to delays or errors in technique, judgment, treatment, or communication

Complication Occurrence – Individual numeric code assigned to complication occurrences listed in *1993 Resources for Optimal Care of the Injured Patient*

### INSTRUCTIONS

Enter the appropriate option from user-formatted occurrences.

### OPTIONS

User defined

## QA/QI ISSUE

Data Field Name: IS01\_IS, IS02\_IS, IS03\_IS, IS04\_IS, IS05\_IS

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

QA/QI ISSUE –Individual numeric code assigned to each quality assurance/quality improvement issued listed in the *American College of Surgeons Resources for Optimal Care of the Injured Patient, 1993*.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1001	Aspiration	3018	Bronchitis
1002	Esophageal Intubation	3019	Emphysema
1003	Extubation, Unintentional	3020	Hypoxemia
1004	Mainstem Intubation	3098	Ventilator Assoc Pneumonia (VAP)
1005	Unable to Intubate	3099	Other Pulmonary
1099	Other Airway	3501	Arrhythmia
1501	Not Applicable Fluid Management	3502	Cardiac Arrest
1502	Unable to Start an IV	3503	Cardiogenic Shock
1599	Other Fluid	3504	Congestive Heart Failure (Iatrogenic)
2001	No EMS Form	3505	Myocardial Infarction (MI)
2002	Incomplete EMS Form	3506	Pericarditis
2003	Prehospital Delay	3507	Pericardial Effusion or Tamponade
2098	Failure to Notify ED of Arrival	3508	Shock (NFS)
2099	Other Prehospital	3509	Shock (Anaphylactic)
2501	Esophageal Intubation	3510	Shock (Hypovolemic)
2502	Extubation, Unintentional	3511	Aortic Stenosis
2503	Mainstem Intubation	3512	Anemia, Acute Blood Loss
2504	Reintubation	3513	Hypotension
2599	Other Airway	3599	Other Cardiovascular
3001	Abscess (Excludes Empyema)	4001	Anastomotic Leak
3002	Adult Respiratory Distress Syndrome (ARDS)	4002	Bowel Injury (Iatrogenic)
3003	Pneumonia (Aspiration)	4003	Dehiscence/Evisceration
3004	Atelectasis	4004	Enterotomy (Iatrogenic)
3005	Empyema	4005	Fistula
3006	Fat Embolus	4006	Hemorrhage (Lower GI)
3007	Hemothorax	4007	Hemorrhage (Upper GI)
3008	Pneumonia (Infection)	4008	Ileus
3009	Pneumothorax (Barotrauma)	4009	Peritonitis
3010	Pneumothorax (Iatrogenic)	4010	Small Bowel Obstruction (SBO)
3011	Pneumothorax (Recurrent)	4011	Ulcer (Duodenal/Gastric)
3012	Pneumothorax (Tension)	4099	Other GI
3013	Pulmonary Edema	4501	Acalculous Cholecystitis
3014	Pulmonary Embolus	4502	Hepatitis
3015	Respiratory Failure/Distress	4503	Liver Failure
3016	Upper Airway Obstruction	4504	Pancreatic Fistula
3017	Pleural Effusion	4505	Pancreatitis



# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE CONTINUED

4506	Splenic Injury (Iatrogenic)	7506	Graft Infection
4597	Hyperbilirubemia	7507	Thrombosis
4598	Cholestasis	7508	Acute Arterial Occlusion
4599	Other Hepatic/Biliary	7599	Other Vascular
5001	Coagulopathy (Intraoperative)	8001	Psychiatric
5002	Coagulopathy (Other)	8002	Drug Withdrawal
5003	Disseminated Intravascular Coagulation (DIC)	8501	Anesthetic Complication
5004	Serum Sodium 160 (Iatrogenic)	8502	Drugs
5005	Transfusion Complication	8503	Fluid and Electrolytes
5099	Other Hematologic	8504	Hypothermia
5501	Cellulitis/Traumatic Injury	8505	Monitoring
5502	Fungal Sepsis	8506	Unexpected Return to OR
5503	Intra-abdominal Abscess	8507	Readmission
5504	Line Infection	8508	Unexpected Post-Operative Hemorrhage
5505	Necrotizing Fascitis	8509	Puncture/Laceration (Post-op)
5506	Sepsis-like Syndrome	8510	Pre-op vs. Post-op Diagnosis (Mismatch)
5507	Septicemia	8511	Unplanned Surgical Removal of an Organ
5508	Sinusitis	8512	Unplanned Injury of Organ
5509	Wound Infection	8513	Admission to Non-Trauma Service
5510	Yeast Infection	8514	Readmission to ICU
5597	Surgical Site Infection	8515	MOF (Multiple Organ Failure)
5598	Respiratory Infection	8516	Readmission to Non-Trauma Service
5599	Other Infection	8517	Late Complication - Stump Amputation
6001	Renal Failure	8518	Foreign Body (Post-op)
6002	Ureteral Injury (Iatrogenic)	8519	Foreign Substance (Post-op)
6003	Urinary Tract Infection, Early (<72 hours)	8520	Fever - Unknown Origin
6004	Urinary Tract Infection, Late	8521	Intrauterine Death
6005	Urinary Tract Infection, Fungal	8522	Hypoalkemia
6006	Hematuria	8599	Other
6007	Acute Renal Insufficiency	9000 to 9799	USER DEFINED ISSUES
6008	Chronic Renal Insufficiency	9800	Abdominal Penetrating Wound Treated Non-operatively
6099	Other Renal/GU	9801	Cervical Spine Injury not Indicated on Admission
6501	Compartmental Syndrome	9802	Experienced Cardiopulmonary Arrest
6502	Decubitus (Minor)	9803	Platelets Given with Less Than 8 Units of Blood in First 24 hours
6503	Decubitus (Blister)	9804	Readmitted Following Emergency Department Discharge
6504	Decubitus (Open Sore)	9805	Reintubated within 48 hours of Intentional Extubation
6505	Decubitus (Deep)	9806	Unplanned Return to Operating Room for Same Procedure
6506	Loss of Reduction/Fixation	9807	Unanticipated/Unplanned Operation Performed
6507	Nonunion	9808	Transferred from Floor to Intensive Care or Step Down
6508	Osteomyelitis	9809	Transported but not Identified as Trauma Patient by Prehospital Providers
6509	Orthopedic Wound Infection	9810	Open Joint Laceration Treat 8 hours After Arrival
6510	Abscess - Other Wound	9811	MD Documentation Deficiency
6511	Dehiscence/ w/o Evisceration (Post-op)	9812	Laparotomy Performed More Than 2 hours After Arrival
6512	Contracture - Volkman's Ischemic	9813	Failure to Call Trauma Activation
6599	Other Musculoskeletal/Integumentary	9814	Inadequate Fluid Resuscitation
7001	Alcohol Withdrawal	9815	Absence of Serial Neurological Documentation for CNS patient?
7002	Anoxic Encephalopathy	9816	Absence of hourly Vital Signs Documentation in ED?
7003	Brain Death	9817	Abdominal Surgery >24 hour After Arrival
7004	Diabetes Insipidus	9818	Thoracic Surgery >24 hour After Arrival
7005	Meningitis	9819	Vascular Surgery >24 hour After Arrival
7006	Neuropraxia (Iatrogenic)	9820	Cranial Surgery >24 hour After Arrival
7007	Nonoperative Subdural/Epidural Hematoma	9821	Question Raised on Focused Chart Review
7008	Progression of Original Neurologic Insult	9822	Incident Reported to Risk Management
7009	Seizure in Facility	9823	Patient Complaint
7010	Syndrome of Not Applicable Antidiuretic Hormone (SIADH)	9824	Provider Complaint
7011	Stroke/CVA	9825	Radiology, Arrival/Response Times Missing
7012	Ventriculitis (Postsurgical)	9826	CT Study, Delay in Arrival/Response >= 2 hours
7098	Hygroma	9827	CT Study, Arrival/Response Times Missing
7501	Anastomosis Hemorrhage	9828	Assisting Surgeon, Delay in Arrival/Response
7502	Deep Venous Thrombosis (Lower Extremity)	9829	Assisting Surgeon, Arrival/Response Times Missing
7503	Deep Venous Thrombosis (Upper Extremity)	9830	Consulting Physician, Delay in Arrival/Response
7504	Embolus (Non-pulmonary)	9831	Consulting Physician, Arrival/Response Times Missing
7505	Gangrene	9832	Admitted to Service Other Than Trauma

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE CONTINUED

### OPTIONS CONTINUED

9833	Airway Status not Documented	9851	Trauma Response not Documented
9834	Comatose Patient Arrived in ED without Airway Management Done?	9852	Facility Status not Documented
9835	Comatose Patient Leave ED without Airway Management Done?	9853	Survival Probability not Assigned
9836	Admitted 120 minutes After Arrival	9854	Intracranial Hematoma Operated 4 hours After Arrival
9837	Delay in Discharge	9855	Open Long-bone Fracture Treated 8 The hours After Arrival
9838	Anesthesiologist, Delay in Arrival/Response	9856	Femoral Diaphyseal Fracture Treated without Fixation
9839	Anesthesiologist, Arrival/Response Times Missing	9857	Transfused with More Than 10 Units of Blood Products
9840	Neurosurgeon, Delay in Arrival/Response	9858	Died Prior to or During Hospitalization
9841	Neurosurgeon, Arrival/Response Times Missing	9859	Hospitalized >= 14 days
9842	Trauma Surgeon, Delay in Arrival/Response	9860	Remained in ICU >= 7 days
9843	Trauma Surgeon, Arrival/Response Times Missing	9861	Waited at Scene More Than [8 / xx] minutes
9844	Discharged with Moderate to Severe New Disability	9862	Treated at Scene More Than 20 minutes
9845	Glasgow Coma Scale not Documented	9863	Total Prehospital Transport From Scene More Than [20 / xx] minutes
9846	Systolic Pressure not Documented	9864	Prehospital Report not in Medical Record
9847	Respiratory Rate not Documented	9865	Transferred to This Facility After More Than 6 hours at Another Facility
9848	Serum Alcohol not Documented	9866	Transferred to Another Facility After More Than 6 hours at This Facility
9849	Drug Screen not Documented	9867	Imported from Trauma! for DOS (Unspecified)
9850	Emergency Department Time not Documented	/	Inappropriate
		*	Unknown

## QA/QI ISSUE – OPENED DATE – MONTH

Data Field Name: IS01\_DM TO IS05\_DM

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

QA/QI Issue – Opened Date – Month – The month the QA/AI issue was initiated by your facility’s Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]

/ Inappropriate

\* Unknown

## QA/QI ISSUE – OPENED DATE – DAY

Data Field Name: IS01\_DD TO IS05\_DD

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 2

### DEFINITIONS

QA/QI Issue – Opened Date – Day – The day the QA/AI issue was initiated by your facility’s Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]

/ Inappropriate

\* Unknown

## QA/QI ISSUE – OPENED DATE – YEAR

Data Field Name: IS01\_DY TO IS05\_DY

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 4

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE – OPENED DATE – YEAR CONTINUED

### DEFINITIONS

QA/QI Issue – Opened Date – Year – The year the QA/AI issue was initiated by your facility's Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

## QA/QI ISSUE – CLOSED DATE – MONTH

Data Field Name: IS01\_C\_DM TO IS05\_C\_DM  
Window Location: QA/QI F8.2.1  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

QA/QI Issue – Open Date – Month – The month the QA/AI issue was closed by your facility's Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [mm] format.

### OPTIONS

01 through 12 [mm]  
/ Inappropriate  
\* Unknown

## QA/QI ISSUE – CLOSED DATE – DAY

Data Field Name: IS01\_C\_DD TO IS05\_C\_DD  
Window Location: QA/QI F8.2.1  
State Required: No  
Type of Field: Integer  
Length: 2

### DEFINITIONS

QA/QI Issue – Open Date – Day – The day the QA/AI issue was closed by your facility's Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [dd] format.

### OPTIONS

01 through 31 [dd]  
/ Inappropriate  
\* Unknown

## QA/QI ISSUE – CLOSED DATE – YEAR

Data Field Name: IS01\_C\_DY TO IS05\_C\_DY  
Window Location: QA/QI F8.2.1  
State Required: No  
Type of Field: Integer  
Length: 4

### DEFINITIONS

QA/QI Issue – Open Date – Year – The year the QA/AI issue was closed by your facility's Quality Assurance committee

### INSTRUCTIONS

Enter the appropriate option using the [yyyy] format.

### OPTIONS

1980 through 2099 [yyyy]  
/ Inappropriate  
\* Unknown

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE – PROVIDER ID

Data Field Name: IS01\_ID TO IS05\_ID

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 6

### DEFINITIONS

Provider ID – The unique identifier assigned by the facility to identify individual providers of medical services.

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

0	ER Physician – Unspecified	80000	Admitting Physicians – Unspecified
10000	General / Trauma Surgeon – Unspecified	90000	Non-Surgical Specialty – Unspecified
20000	Neuro Surgeon – Unspecified	110000	Neurologist
30000	Orthopedic Surgery – Unspecified	120000	Oral Maxillary
50000	Anesthesiologist – Unspecified	100000-109999	Other
60000	Surgical Surgeon – Unspecified	/	Inappropriate
70000	Attending Physicians – Unspecified	*	Unknown

## QA/QI ISSUE – DEPARTMENT OF OCCURRENCE

Data Field Name: IS01\_DP TO IS05\_DP

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Department of Occurrence – The facility department in which the QA/QI issue occurred

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

1000	Anesthesiology	1015	Pediatric Unit
1001	Blood Bank	1016	Pharmacy
1002	Cardio Vascular Services	1017	Physical Therapy
1003	ED	1019	Prehospital Care
1005	ICU	1020	Radiology
1006	Interfacility Unit	1018	Recovery Unit
1007	Laboratory	1021	Rehabilitation
1004	Med / Surg Floor	1022	Respiratory Services
1008	Neuro Surgery	1023	Security Services
1009	Nursing Dept.	1024	Social Services
1010	Nutrition Services	1025	Step Down
1011	Observation	1026	Trauma Services
1012	Occupational Therapy	/	Inappropriate
1013	OR	*	Unknown
1014	Orthopedics		

## QA/QI ISSUE – CONTRIBUTING FACTOR

Data Field Name: IS01\_CF1 TO IS01\_CF5

IS02\_CF1 TO IS02\_CF5

IS03\_CF1 TO IS03\_CF5

IS04\_CF1 TO IS04\_CF5

IS05\_CF1 TO IS05\_CF5

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 4

### DEFINITIONS

Contributing Factor – a determined factor that was significant in the development of the QA/QI issue

### INSTRUCTIONS

Enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE – CONTRIBUTING FACTOR CONTINUED

### OPTIONS

0	None	9014	CT Tech Delay
9000	Delay in Trauma Team Activation	9015	Delay in Obtaining Trauma Consult
9001	Delay to Operating Room	9016	Delay in ED Disposition
9002	Delay in Obtaining Consult - Ortho/Neuro	9017	Non-Compliance with ATLS
9003	Delay in Diagnosis	9018	Complication Occurrence During Major Diagnostic Procedure
9004	Error in Diagnosis	9019	Policy Compliance
9005	Error in Judgment	9020	Policy Content
9006	Error in Technique	9021	Equipment Broken
9007	Incomplete Facility Record	9022	Equipment Missing/Unavailable
9008	Not Seen on Daily Rounds by Trauma Surgeon	9023	Patient Comorbidity
9009	Delay in Treatment	9024	Patient Refusal
9010	Error in Treatment	9999	Other
9011	Delay in Reporting Results	/	Inappropriate
9012	Missed Injury	*	Unknown
9013	Delay in Ortho MD Response		

## QA/QI ISSUE – ACTION

Data Field Name: IS01\_ACT1 TO IS01\_ACT5  
IS02\_ACT1 TO IS02\_ACT5  
IS03\_ACT1 TO IS03\_ACT5  
IS04\_ACT1 TO IS04\_ACT5  
IS05\_ACT1 TO IS05\_ACT5

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Action –Actions(s) taken based on a QA/QI indicator

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

3	Equipment - Purchased/Repaired
1	Policy - Provider Education
2	Policy - Revision/Creation
4	Provider - Discussion
6	Provider - Probation
7	Provider - Suspension
5	Provider - Warning
0	No Action Taken
/	Inappropriate
*	Unknown

## QA/QI ISSUE – ACTION – ACCEPTABILITY

Data Field Name: IS01\_ACC1 TO IS01\_ACC5  
IS02\_ACC1 TO IS02\_ACC5  
IS03\_ACC1 TO IS03\_ACC5  
IS04\_ACC1 TO IS04\_ACC5  
IS05\_ACC1 TO IS05\_ACC5

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Action – Acceptability – the outcome of peer review of a QA/QI action

Acceptable – QA/QI action determined as acceptable performance by peer review

Acceptable with Reservations – QA/QI action is acceptable with noted exceptions as determined by peer review. Further explanation should document the issue discussed at the peer review process

Not acceptable – QA/QI action determined as not acceptable by peer review, further follow up needed

### INSTRUCTIONS

Enter the appropriate option.

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE – ACTION – ACCEPTABILITY CONTINUED

### OPTIONS

- 1 Acceptable
- 2 Acceptable with Reservations
- 3 Not Acceptable
- / Inappropriate
- \* Unknown

## QA/QI ISSUE – LEVEL OF HIGHEST REVIEW

Data Field Name: IS01\_BY TO IS05\_BY

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

Level of Highest Review –highest provider level of peer review of the QA/QI issue Sep-04

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 4 Credentialing Committee
- 2 ED Medical Director
- 5 Employer
- 3 QI Committee (QI, MM, Peer)
- 1 Trauma Nurse Coordinator
- / Inappropriate
- \* Unknown

## QA/QI ISSUE – MORTALITY

Data Field Name: IS01\_MORT TO IS05\_MORT

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 1

### DEFINITIONS

QA/QI Issue – Mortality – QA/QI issue evaluated by peer review due to trauma death

Preventable –The trauma death is found to be preventable as determined by peer review. Further explanation should document the issue(s) discussed at the peer review process

Potentially Preventable – The trauma death is found to be potentially preventable as determined by peer review. Further explanation field should document the issue(s) discussed in the peer review process

Not Preventable – The trauma death is found to be non-preventable as determined by the peer review

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Preventable
- 2 Potentially Preventable
- 3 Not Preventable
- / Inappropriate
- \* Unknown

## QA/QI ISSUE – MORBIDITY

Data Field Name: IS01\_MORB TO IS05\_MORB

Window Location: QA/QI F8.2.1

State Required: No

Type of Field: Integer

Length: 1

# KANSAS TRAUMA REGISTRY DATA DICTIONARY

## QA/QI ISSUE – MORBIDITY CONTINUED

### DEFINITIONS

Morbidity –The QA/QI issue has increased the relative incidence of disease

Preventable –The QA/QI issue resulting in an increased incidence of disease is found to be preventable as determined by peer review. Further explanation should document the issue(s) discussed at the peer review process

Potentially Preventable – The QA/QI issue resulting in an increased incidence of disease is found to be potentially preventable as determined by peer review. Further explanation field should document the issue(s) discussed in the peer review process

Not Preventable – The QA/QI issue resulting in an increased incidence of disease is found to be non-preventable as determined by the peer review

### INSTRUCTIONS

Enter the appropriate option.

### OPTIONS

- 1 Preventable
- 2 Potentially Preventable
- 3 Not Preventable
- / Inappropriate
- \* Unknown

## QA/QI MEMO

Data Field Name: MEMO\_QA

Window Location: QA/QI F8.3

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

QA/QI Memo – Text field in which to record additional QA/QI information if needed

### INSTRUCTIONS

Use direct keyboard entry.

## MISCELLANEOUS DATA MEMO

Data Field Name: MEMO\_DM

Window Location: QA/QI F8.8

State Required: No

Type of Field: Memo

Length: 5000

### DEFINITIONS

Miscellaneous Data Memo – Text field in which to record additional miscellaneous information if needed

### INSTRUCTIONS

Use direct keyboard entry.